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WHAT IS "CHRISTIAN" COUNSELING?

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Contemporary conceptions of counseling set forth by Christian teachers are strongly influenced by secular viewpoints. This has been demonstrated at the level of psychotherapeutic theory by Outler in his book, *Psychotherapy and the Christian Message.* Freud and Jung may be cited as examples of men who do not profess to be Christian but who have greatly affected the thinking of Christians in regard to counseling.

The question raised in this paper is whether counseling done by Christian ministers should be significantly different from that which is done by non-Christian counselors. Here counseling is considered in its methodological aspect only. Should there be a difference between the Christian and the non-Christian practitioner at this level? The case which is presented and the discussion which follows it consider counseling methodologically. The differences which exist between Christian and non-Christian counselors as regards their conceptions of human beatitude (and therefore their goals of therapy) are not covered in this paper.

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To illustrate the problem at the methodological level we take the case of a woman student who came to the college chaplain for help. She was bothered by certain situations in which she had been criticized. She apologized for talking about a matter so trifling, but she was annoyed and she wanted to talk with someone. The chaplain indicated that no problem was unimportant in his book and invited her to tell him more about it.

Three instances of criticism in the past several months were cited. One of them the student had talked over with the chaplain earlier. That was a case of public criticism by a high-school acquaintance who ridiculed her for not making a more outstanding record in college after she had been voted "Most likely to succeed" by her graduating class. This still rankled her. The second instance occurred during a recent seminar in her major field, religion. The professor asked her to explain a broad statement she had made. She tried, but she could not do so to her satisfaction or to his. She felt that the professor disdained her knowledge of the field. Shortly after that, she went to him privately and criticized him for his conduct. The third instance occurred when she fell into conversation with a fundamentalist minister who doubted that she was a Christian because she could not point to a conversion experience. She found it difficult to defend the idea that she was a Christian. The conversation ended with a tirade on his part against the whole idea of religious education and especially the religion taught in colleges.

Each of these encounters was unexpected. Each ended in defeat for her. The student was humiliated. None of them was important (at least she wanted to feel that none was important), yet each disturbed her deeply at the time and continued to bother her. She said she had come to the chaplain for guidance.

The disclosure of this much of the problem took the better part of one session. Mainly the chaplain listened as she talked. At one or two points he summarized what she had said to make sure he had the gist of it, and looked to the student for correction, comment, and elaboration. At the end of the session the chaplain complimented the student on her effort to take account of her negative feelings. He said he believed she had hold of something that might be of importance in her further growth, and that more understanding might come if she wished to discuss the problem further. She made another appointment.

A week later the chaplain greeted her in his office and asked how things were going. The problem continued to bother her, she said, and she was not sure she had anything more to add to what she had said the week before. A brief review of the situation and her feelings with regard to it was given by the chaplain; this elicited nothing more. So he put forward a suggestion, more or less in the form of a question, something for the student to determine the relevance of: Did all three of the incidents have something in common? In each case was there a threat to her status as a well-educated and therefore superior person?

The response was immediate and positive. The student commented at length about her feeling of inferiority as a person, and her need to find status in her own eyes and in the eyes of others. She had chosen this college because it was top-flight. She had done better than average work while here. It might be that she had tried to make herself believe she was better than others because of her educational position. Perhaps the public ridicule of a high-school acquaintance, who had not even gone to college at all, made her anxious because it showed that she had not impressed a person that she should have been able to impress. The questioning of a professor in the field of her supposed superiority disclosed her weakness to him, to her peers in the seminar, and to herself. She had thought she was a better Christian (something which meant much to her) because of her activities at this particular college and her religion major. But a Christian minister had roundly denied all this, and left her with the feeling that she must be a superficial Christian or none at all. So she reflected.

The chaplain asked, after these connections had been made, whether perhaps she had been basing her sense of personal worth on her social position. Had she rather assumed that she was a more successful person because she was doing well at a fine institution of higher learning? He recalled a chapel talk she had given earlier in her career in which she had deplored the poor impression students of this college make on outsiders, and how she had pled for more responsible and democratic conduct toward outsiders so that the college would have a better reputation.

The student remembered this talk well and reflected that his comment was probably true. In fact, the more she thought about it, the more she realized that she had been "using" her educational position as an assurance that she was somebody. The three criticisms had disturbed the idea that she was a real person simply because of the college she went to. Taken together, they had threatened the social, the intellectual, and the spiritual status that she thought she had achieved.

Commending this sustained effort of the student to see herself as clearly as possible, the chaplain summarized the situation as it now appeared. She was, it seemed, in the humiliating position of not being as significant in the eyes of (some) others as she liked to think she was. This was brought home to her by the three antagonists. Small wonder that she had been angry with them and disturbed about herself.

The student was visibly spent by the recognition. Already, she said, she could see many other ways in which she had been striving to overcome feelings of inferiority by the prideful use of her educational position. It was very depressing, she confided, to see that this affected so many of her relationships.

The chaplain said that he believed every recognition of this sort was a gain. It contributed to a realistic estimate of herself and her abilities, and a less censorious attitude toward others who crossed her. It might

very well make her less vulnerable to the criticisms of others. (The chaplain's mention of her censorious attitude was uncalled for, since she had not expressed concern about this. More important, it was a judgment of her. In general, responses of this type may be expected to block further disclosure on the part of the counselee. Much of this sort of thing would destroy the counseling relationship altogether.)

The student wondered whether she could accept herself as she was. How could she avoid despair when she realized what she had been? (This was at the end of the session.) The chaplain observed that he expected depression to follow such realization as had come to her, but that he believed this would be temporary.

The session closed with the student's resolution to look more critically at her reactions. It might be, she ventured, that she would not need to think of herself in such superior terms, and she might not be so shaken by people who questioned her significance. At least this was something to work on.

Perhaps there is nothing Christian about this counseling—at least, nothing obviously so. The chaplain did the sort of thing a non-Christian counselor might do. We need not contend that he did as good a job as a man trained in the approach, such as a consulting psychologist or a psychiatrist. The point is that he proceeded in the usual—one might as well say secular way. The focus was on the student and her problem. The specific difficulty was investigated in detail. While the counselor shared the burden of the inquiry, he did not take it over. The student was expected to do most of the talking, since it was her problem and it was assumed that she knew most about it. The counselor apparently felt that his job was to help her find out as much as she could about it, and to this end he listened, summarized, asked questions intended to stimulate further inquiry and otherwise encourage her to delve beneath the surface of the problem. Since he wished to help the student bring out everything that was relevant, the counselor refrained (not altogether successfully) from making moral judgments about her attitudes and the conduct. He did not arrest the inquiry by assurances that things weren't so bad, that they would certainly be all right, or that she should not think about these things. He put the emphasis upon examination of the problem.

When it came to the point at which the student felt there was nothing more to say about the problem, the counselor proferred no solution, ready-made or *ad hoc*. Evidently, he expected the student to come up with her own answer. It may be assumed that he would have mentioned alternative ways of dealing with her problem had she overlooked one which seemed to him important, but he would have mentioned this only as a possibility for her to consider. He would not have tried to "sell" it to her. For the responsibility of deciding what she would do must remain at all times with her.

The approach in this case is common to counselors of all schools which deal primarily with the inner-conflict type of problem. Their differences as to details of methodology and interpretations of psychodynamics should not obscure the common elements in their approach to individuals in trouble. The procedure is explorative and explicative of basic feelings and attitudes. It might even be called diagnostic, making use of sympathetic rapport between the counselee's immediate problem and his underlying desires. The idea is to expand the awareness of the individual concerning the real factors in his own psychic structure; he must do the re-directing as he finds out more of what he is working with.

Because there is nothing explicitly Christian about this approach shall we say that it is in conflict with a Christian one? Or can we say that secular counseling is in harmony with Christianity's ministry to people in quandries *so far as methodology is concerned?* It appears to me that the latter is the case: that the counseling approach to individuals in difficulty can be profoundly expressive of Christianity. There are two aspects of this approach which are particularly significant from a Christian point of view. First, the spiritual (I hesitate to use this word but cannot find a more suitable one) quality of the relationship that may exist between the counselor and the counselee invites attention. Secondly, the character changes which counseling sometimes affects should be of interest to the Christian.

The spiritual quality of any particular interpersonal relationship is intangible. Yet it is perhaps the most influential factor in the relationship —more important, for example, than the ideas that are exchanged. Nowhere is this more evident than in the relationship of counseling. To the extent that a counselor is genuinely (not compulsively) interested in helping a person to find and to deal more constructively with whatever is blocking his growth, and to the extent that he has developed the science and the art of counseling, a relationship may be established which has some of the qualities of profound love. Hans Prinzhorn, an eminent British psychotherapist, has declared that the "effective agent" in psychotherapy is this: *"that the therapist, in virtue of the Eros paidogogos which inspires him, helps, as mediator, from the isolation that is full of fear, to wholeness of life, to new comradeship, to the world, perhaps to God.* Without this form of the erotic, no psychotherapeutic curative action is possible."[1]

The love relationship which makes effective counseling possible is not sentimental. If it is to be called "love" it will have to be thought of in terms that do not titillate. It is a basic respect for the person. The counselor demonstrates it in many ways: in giving his time, in the willingness to listen (how often a counselee expresses warm "thanks for listening"), in the desire to understand the problem, in the acceptance of the person regardless of what he reveals, in the evident belief that the individual has

[1]Hans Prinzhorn: *Psychotherapy;* Cape, London, 1932, p. 332 (italics in the original.)

the ability to work through to clearer understanding and a more constructive management of life, in the freedom that is given to make decisions, and in the confidence implied by the counselor as he submits whatever interpretations or suggestions he may have to the final judgment of the counselee.

Such love may be experienced in the counseling relationship. To the extent that it is, something of the "truth" of God is being communicated to the person in difficulty. Emil Brunner has clearly exposed the misunderstanding of Christian truth which makes it a set of supernaturally revealed facts about God. He has shown that what is meant by "truth" in Christian sense is right relationship between God and man. As he puts it, "Truth is meeting"[2]: it is the active response of the whole person to the outgoing love of God for him. Such "meeting" is always mediated. It occurs in and through human fellowship, notably, the Church, and in connection with the Word of God.

But can "meeting" take place in non-Biblical ways? We are face to face with the question of general revelation. Can the love of God be mediated in, let us say, the meeting of counselor and counselee? It appears to me that the counseling relationship can be one of love in profound measure. And that, when this is the case, the truth of God is received, though the idea of God is never mentioned.

The summary statement of Carroll Wise on this point seems to me to be one to ponder.

> If the situation is one where the basic relationship is that of love in the sense of seeking the fulfillment of the personality of the counselee, then God does not have to be brought into the situation; God is in the situation. If the phrase "God is love" has any vital significance at all, . . . it means that God is present in human experiences when those realities which are a fundamental part of His nature are finding expression in human relationships.[3]

Not only can the love of God be experienced in counseling, the fact of sin in the sense of living against reality and being responsible for it can be experienced, too. This is one of the least recognized connections between counseling and moral theology, largely, I believe, because of semantic complexities surrounding the word "sin." Counseling can increase the individual's awareness of his own responsibility for the evil he deplores.

This happened in the case presented in this paper. The further the student delved into her difficulty, the more clearly she saw that it was not merely a matter of being wronged. She came to realize that these attacks of others had revealed her pretensions. She had built up an idealized image of herself as a very well-educated young woman. Without

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[2]Emil Brunner: *The Divine-Human Encounter,* trans. by Amandos W. Loos; Westminster Press, Philadelphia, 1943.
[3]Carroll A. Wise: *Pastoral Counseling in Theory and Practice;* Harper and Brothers, New York, 1951, pp. 154-155.

contending that she got to the bottom of things in two sessions (!), it seems that she did come to a fuller realization of the part she herself played in her difficulty. A good half of the second session was spent in the examination of various ways in which she had been trying to prove that she was significant. At the end of it, the student knew that the difficulty was more within herself than she had expected it to be. She not only admitted this, but she was resolved to do what she could about it.

This seems to me to be a case in which the counseling approach helped a student ot "confess her sin" and "repent of her evil ways." But to mention such terms is to realize how inappropriate they are. She was not thinking in these terms. Had the chaplain, after listening to her a while, begun a diagnosis even in more sophisticated theological terms and presented a theological solution, we may be quite sure that she would have been stopped in her tracks. Suppose he told her something like this: that he could see she had a problem and he wanted to help her; that he had been watching her for some time and had seen that she was afflicted by pride and hostility; that he knew God would help her to overcome it, help her to be humble so that she would not be hurt by the criticisms of others and gentler in her dealings with others; that it was really a problem of her relationship to God; and so on. Would she not have reacted defensively, as she did with the fundamentalist minister? It was precisely because the chaplain refrained from taking over the problem that she continued to wrestle with it herself and thus became aware of its implications for her. Once she had seen this, she needed no one to tell her that she would have to change.

The attempt to "Christianize" counseling by diagnosing and prescribing in theological or evangelistic terms will be self-defeating to the extent that it blocks the individual's own communication of the problem. If it does, it will block his understanding of his own part in his difficulty and what he might do about it. It changes the quality of the whole relationship when the counselor takes charge and begins to plump for his way of seeing things. It becomes a relationship not of communication but of persuasion, as though the counselor were saying, "I've tried to understand you and your problem. I do. In fact, I see it more clearly than you do. Now listen ot me." A minister wrote the author that he believed "most problems are solved" when he leads the individual into right relationship to God in Christ. That seems to be saying that in most cases he knows what the counselee needs before he starts counseling. (We may be happy that he does not think he knows in all cases.) If this is the situation, why counsel at all? Counseling is based upon the premise that only the counselee can finally determine what he wants and needs and that he alone can right matters. If that is true, then the counselor's solutions are at best too general and at worst irrelevant; in any case, they prevent the one thing a troubled individual needs most of all: a relationship in which he has an unhurried chance to see himself as he is and to decide what he's going

to do about it. Such a relationship can be an authentic Christian contribution of the minister. At the very least, it is a preparation for the Gospel.

Having stressed the importance of keeping in focus on the counselee's perception of his situation and his plans to deal with it, it should be pointed out that there are occasions in the counseling process when the counselor can help by introducing facts or ideas. It sometimes appears that the counselee would be able to use a piece of information, a suggestion, an opinion, or some encouragement. While all counselors do not agree, it seems to me appropriate and helpful to do this if it promises to help eliminate a groundless fear, clarify an objective aspect of the counselee's situation, or aid the counselee in thinking in broader and more inclusive terms about the courses of action he might take. But such materials must be introduced sparingly, if at all, and for the purpose of increasing the individual's capacity for a more realistic handling of his problem. They must be presented simply as something which the counselee might want to know about or take into consideration. Otherwise, communication will be impeded or stopped.

In the counseling situation, too, I think there are times when the Christian minister can effectively relate what has been happening in the counseling relationship to Christian faith and life, provided he is quite sure that something significant has happened. Such connections made by the counselor may open up new vistas to the counselee; they may be the means of his seeing the relevance of Christianity; they may suggest the significance of participation in the corporate life of the Church or in the religious activities program or make such participation more meaningful.

This was not done in the case presented—another possible criticism of the chaplain's procedure. At the end of the second session, the chaplain might have mentioned that the experience of critical self-evaluation that the student had undertaken was a vital form of what Christians mean by confessing one's sin. And the feeling that she now had that she could work constructively with the problem and might not be overwhelmed by it was part of what Christians mean by the forgiveness and the power of God in human life. Out of his experience, Wise observes:

> Many of the concepts in the Christian tradition refer directly to universal and basic human experiences. Calling this fact to the attention of the counselee often has the effect of helping him see the relation of his experience to that of others, and helps to develop a sense of fellowship and understanding.[4]

The caveat is: be sure that interpretation follows experience.[5]

The second significant thing about counseling, from the Christian

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[4]Wise, p. 141.

[5]"Religious experience produces the interpretation; the interpretation never produces the experience," Wise points out (p. 220).

point of view, has to do with the character changes it effects. It is commonly imagined that counseling helps explain an individual's difficulties to him but gives him no power to overcome them. I am convinced that this is a serious misconception. For one thing, counseling as understood in this paper is not a purely intellectual process. It involves the emotions fully as much as it involves the mind. Indeed, one might say that counseling is the use of the mind for the purpose of understanding and controlling the emotions. "Explanations," or rather, interpretations, of inner conflict are not the concern of the experienced counselor except insofar as they may be of use to the counselee in clarifying his real feelings. As one such counselor has written recently,

> *The fundamental human problems do not lie in the region of the intellect. They lie in the region of our personal needs and our emotional relationships and they concern our basic satisfactions, fulfillments and frustrations in living.* We shall be closer to the heart of the human problem if we think not of "Guiding the Perplexed" but of "Succouring the Unloved." What we need to know is how to remedy the ravages in human nature due to deprivation of love.[6]

It can be claimed, I think, that counseling does change some people, in other words, that some are empowered by it. Obviously, empirical proof of the sort that will convince the sceptic is hard to come by. I will simply observe that counseling not infrequently results in tendencies like those that appear in the case here presented: more honesty about oneself, more acceptance of the mixture of strength and weakness in the self, more confidence that one can live with oneself and others despite one's limitations, and greater flexibility or readiness to entertain the notion that one's difficulties in the world may be of his own making.

Such results of counseling, if we can assume that that is what they are, should be of considerable interest from the Christian point of view. They are very like some of the fruits of the Spirit which the Apostle Paul describes. If the counseling relationship is a profound experience of love, we should not be surprised to find that awareness of one's needs is facilitated by it and also the increased will to cope with them. According to Christianity, spiritual growth occurs when the individual meets with divine (outgoing) love.

What has been set forth here most certainly does not imply that counseling is the full and sufficient means of communicating God's truth to man. Counseling is at best an implicit and partial experience of God's love and man's need. Ideally, it should be carried on in the context of a full-orbed ministry in which the individual's struggle for the fulfillment of life is given continuous support and increasing clarification both in the corporate life of the church and in the civil community. And this

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[6]Henry Guntrip: *Psychotherapy and Religion;* Harper and Brothers, New York, 1957, p. 20. (Italics in the original.)

is facilitated by many means other than counseling. As Karen Horney used to say, "Life has many therapies." From the standpoint of Christianity's conception of human beatitude, it is inconceivable that anyone could be adequately served apart from the fellowship of believers, which includes the hearing of the Word, the reception of the sacraments, corporate and private worship, study, and prayer.

It is fitting and proper, therefore, that the Christian minister spend most of his time in devotional and educational group activities which draw the individual into the fellowship of believers and communicate to him the objective elements of the faith without which he is not likely to realize his destiny under God. The conclusion here reached regarding counseling is that, though it has been developed in large part by secular therapists, it is an approach to personal problems which can mediate divine love and prepare the individual for more meaningful understanding of the Christian message.

THE OCCURRENCE OF MENTAL ILLNESS IN THE MINISTRY: INTRODUCTION

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The other day a man came into my office, anxious, fearful and guilt-ridden because of a homosexual experience. That afternoon I talked with an individual whom I was to evaluate for a job. It soon became evident that he was a paranoid schizophrenic. A woman was referred for treatment because she was failing her studies. It appeared that her failure was associated with feelings of inferiority and hostility intensified by an inability to date. Another woman sought help because she was afraid of sharp objects, tall buildings, and riding in elevators. These people have two things in common: first, they are suffering from some form of mental illness and, secondly, they are all associated professionally with religion as a life work. The relationship of these two things is the major problem about which we shall be concerned.

Mental illness among those in the profession of religion is not rare. What is of interest and import is the manner in which their mental illness and their work are interrelated. The very nature of this profession is such that it demands the utmost in maturity and mental health. When mental illness occurs in professional people, its consequences may have added seriousness since, by its nature, their work often involves intimate contact with people over whom they may exert considerable influence. Do not misunderstand. Just because we shall be dealing with mental illness among ministers does not imply that all ministers are mentally ill. On the contrary, my experience is that most ministers are mentally healthy, i.e., they have the ability to live a contented creative life with others and withstand the usual vicissitudes of living. However, over a period of years it has been my privilege to study over a hundred professional "religionists" who have had mental illnesses of one sort or another. This report is based on that study.

The material was garnered from ministers, missionaries, missionary candidates, seminary students, and religious educationalists during the course of psychotherapy, rather than as the results of a specific research problem. Thus it has the advantages and faults of this methodology and

will present some problems of acceptance to those accustomed to dealing with other types of material. The limitations of such methodology must be recognized, and any conclusions, hypotheses, or inferences must be understood within the limits of the material and not generalized beyond this. The case histories are presented with the kind permission of the individuals concerned. Their anonymity has been preserved and any similarity to others, living or dead, is merely further indication that people are more alike than different. The material was taken from notations made during the course of therapy, at first without consideration of the possibility that it would be used except in therapy with the patients concerned. It was only in retrospect that there seemed to be a certain consistency, a certain pattern or patterns suggesting a relationship between the choice of occupation and emotional conflict and between some religious beliefs and some forms of psychopathology.

A person's behavior is motivated by unconscious factors as well as by conscious ones and the choice of an occupation can be influenced by these factors. In working with these people it became startlingly evident that unconscious factors were often a major determinant in the choice of occupation. This minister sitting across from me was called to his work as the result of an emotional crisis during which he had an acute hallucinatory experience. What were the factors involved in this experience? Why were they expressed in this fashion? How have they affected his life and his beliefs? Was his solution adequate or are there better solutions available?

In an effort to find the answers to these and other questions, I was led to a consideration of the interrelationship of religious belief and mental illness. Do not interpret this to mean that religious belief and mental illness are synonymous. I think that it is necessary to have a healthy religious belief or faith. But religious faith, like other beliefs, can be used defensively to protect against anxiety. Indeed it is often used by the mentally ill for this purpose as we shall demonstrate later. This is not to be understood as meaning that religious conviction per se is abnormal. What is considered normal and what abnormal is in the final analysis a matter of opinion. The fact remains that, regardless of whether a religious faith be judged normal or abnormal by individuals or society, any such belief may be used in a pathological fashion. This aspect of mental illness in ministers is worthy of serious consideration.

Those who have to do with the selection and training of ministers and their associates are well aware of the existence and import of this factor. At times, however, it is difficult to make a value judgment concerning a person's religious faith and how that faith is being used. In psychotherapy, with these individuals, it is necessary at times to examine as objectively as is possible the convictions of the patient in order to understand the manner in which they are used by him in his day-to-day

living. For example, the question of belief in God is often of vital import to these people. It would be fruitless to discuss the existence or non-existence of God or the various theological and philosophical concepts of the Diety in therapy. But it may be necessary, at times, to investigate the individual's belief to see how it is being used to satisfy unconscious needs deeply engraved in the character of the individual. Practically, such examination often results in modification of these beliefs from a neurotic defense against the anxiety of a conflict to a more mature application in solving the problems of existence. When a man can realize that his trust in a provident God is, in part, the result of his own passive dependent desires, he may continue with his belief in such a God, but he becomes more active in achieving his goals rather than passively waiting for God to accomplish that which life demands he obtain himself.

This objective attitude poses a real problem for some individuals who may interpret a psychological viewpoint as a hostile attack against religion. It is true that there are those who feel hostile, but this emotion has no place in any scientific investigation. Dispassionate inquiry must be concerned, first, with the compositions and origins of that being studied and, secondly, with its meaning and use. The former involves existential judgment based on knowledge of factual observations, while the latter concerns a value judgment based on interpretation of the observed facts. Neither is determined from the other, nor can they be combined conclusively until they have been separately considered. Unless this is recognized, distorted perception is mistaken for observed fact and value judgments deteriorate into prejudice.

Consider, if you will, the question: When is a religious belief a normal faith and when is it a delusion? An answer cannot be given until facts are known concerning the content and origin of the belief as well as its meaning and use. With this added knowledge relating to a particular set of circumstances it is possible to make an existential judgment of the content and origin and a value judgment of its particular meaning and use. Then and only then can the two be combined to form a conclusion in answer to the question as it applies to a particular circumstance. It is to be noted that any such conclusion is relative. To generalize on the basis of such a conclusion is hazardous, because in any given instance a particular belief is judged to be a neurotic defense, and its effect to inhibit creative potential does not mean that all such beliefs are neurotic or cannot be used constructively.

Moreover, it must be recognized that in the effort to be objective certain errors can occur. Existential judgment, for instance, is based on observation and the unconscious needs of the observer may tend to distort the perceptions unless rectified by repeated observations by the same and different persons. Value judgments present the opportunity for a different type of error, even more difficult to recognize and correct. Usually value

judgments are generalizations developed out of past experience; hence they are subjective in nature and tend to vary from individual to individual. Two people may observe a set of facts and agree upon what they see, but their interpretation of these facts may be widely divergent. A flute may be examined by a musician and a mechanical draftsman both agreeing that the object is a flute. The musician may say that it is worthless since the sound it makes is flat, while the designer, marveling at its construction, will praise it as a beautiful instrument. Both judgments are value judgments based on the past experiences of the individuals. In this case both are valid, but to generalize from this case to all flutes would be fallacious. When we consider, however, the infinitely more complex problems of human behavior such value judgments are not as easy to make. Many individuals who readily make such judgments are either not aware of the unconscious subjective factors determining their conclusions, must deny their existence, or fail to account for the relativity of such judgments. These individuals are frequently disturbed by the existential viewpoint which is necessary when considering religion psychologically, because of their own subjective needs which, in the first place, prevent the making of dispassionate observations and which, in the second place, hinder the recognition of the relativity of value judgments. Hence they react to such objective attitudes as a threat when in actual fact there may be none.

Another problem which is often perplexing to some who are not familiar with scientific methodology has to do with the common medical practice of studying the abnormal in order to gain knowledge concerning normal function. If one is interested in the function of the pancreas, for example, it is a simple matter to extirpate that organ from an experimental animal and compare its function with that of a normal animal. Such observations of extreme conditions where the effects are grossly apparent often lead to knowledge concerning normal function. It is not as simple a matter when studying such subjective phenomena as emotion or motivation. However, we do have ways of overcoming the difficulties and permitting us to make observations of these subjective phenomena in the grossly disturbed individual as well as in the relatively normal.

The use of introspection as a technique, which was developed by psychoanalysis, enables us to understand and investigate not only our own subjective experiences, but also those of others. The methodology of psychoanalysis, the use of modern psychology, and the insights of dynamic psychiatry can be used in working with the abnormal to further our understanding not only of the psychopathological but also of the normal. This is far from being a simple process. The understanding of the subjective reactions of others is limited and understood in terms of our own subjective feelings and experiences. Let no one be so naive as to assume that any description of such phenomena actually conveys the full subjective significance of their meaning to others. Such attempts at com-

munication, honest as they may be, can only describe at second hand, by means of symbols, an experience which can be shared only in this limited way. This is true even when conditions for communicating are optimum, such as during psychoanalysis. In most instances, descriptions of subjective experiences are distorted unconsciously, not only by the person who had the experience, but also by the observer. It takes long and patient training to mitigate these distortions in the observer.

In addition, unless one has had the training to see subjective phenomena as they are, such awareness often engenders anxiety. The anxiety results from the conflict of unacceptable, but similar, feelings in the observer, which are stirred by the observations, with his own thoughts, feelings, and motivations. This is often true when studying religious attitudes or beliefs in a person who uses religion defensively to protect the self from unacceptable feelings or thoughts. Religious phenomena are fundamentally mental, hence are subject to the rules and regulations, the distortions and elaborations, of mental activity. These must be understood and evaluated in any study dealing with religion that purports to investigate the phenomena objectively. Some feel that such study of religious experiences mitigates the significance of religion, thus they perceive such investigation as a threat. In actual fact, it is not a threat. These individuals feel threatened because they forget that a description of such an experience and an understanding of the mental factors involved in no way interfere with any value judgment made concerning the experience. We shall have occasion to elaborate this in detail later when discussing religious experience, but an example will demonstrate what is meant.

A certain minister, when nineteen years old, had a conversion experience while attending a retreat with the fellowship group of his church. Briefly, the experience consisted of seeing the trees glow with an unearthly light and feeling a presence near to him. He heard a voice speaking the words, "Declare for Christ." Feeling a sense of relief, of joy, and the conviction that he had been called by God to preach the gospel, he went into the ministry. From the viewpoint of psychology, this man had had an acute hallucinatory experience. From the viewpoint of some religions, this was a religious conversion experience. Of practical import was the effect it had on his life. When we find that it was used to integrate his personality and resolve some conflicts, thus enabling him to function more realistically in a creative, productive manner as a minister, we can make the value judgment that the experience was of benefit to this individual. Understanding of this man's environmental background, his character structure, his personality conflicts, his motivations and subjective needs enables us to understand the meaning of the experience. Such knowledge in no way detracts from the validity of the experience nor mitigates the significance it had for him. The fact that other solutions were available and that his solution worked merely increases our wonderment at the marvelously complex structure that is a functioning human being. It is

only the insecure and the invalid who are threatened by this added understanding.

Now, when attempting to discuss experiences such as the one just described, or religion or psychology in general, we are at once confronted with another realistic problem—one of communication. The process of communication is a complex phenomenon which involves many factors, most of which are beyond the present discussion. A few words must be said, however, concerning communication to avoid misunderstanding by some readers. In the patient-physician relationship, communication takes place on two levels—a conscious one and an unconscious one. The physician must be aware of both and respond appropriately to both. He can do so because of his training and because over a period of time he comes to recognize and understand the meaning of his patient's symbolizations. In working with patients whose religious beliefs are a dynamic factor in their personalities, understanding religious symbolism becomes important to the therapist.

That this is a complex situation, especially if a symbol is associated with a symptom, can be illustrated by the following example. The ceiling of my consulting room is covered with square acoustic tile. Patients will often see these tiles as arranged in designs, one of the most common being a cross. To understand the meaning of this symbol it is necessary to recognize that it may have a universal unconscious meaning, a specifically personal subjective meaning, a specific meaning symbolic to a sect within the framework of a church, and a broader symbolic meaning within the general framework of Christianity. It might be necessary to analyze each of these meanings before the symbolization of the cross could be understood and a symptom associated with it clarified. In so doing, the value of the symbol of religion is not destroyed, but is allowed fuller expression once the subjective conflict involved by the patient is removed. I recall a patient to whom the cross subjectively symbolized death and destruction. When he was able to recognize the association to his hostile, threatening father and resolve his childhood fear, the cross became a symbol of hope and love. Further analysis of this meaning was related to his dependent yearnings for mother and eventually he was enabled to accept the cross as a religious symbol free of the constricting influences of his own subjective response.. His ministry became realistically more effective as he changed membership from a rigid fundamentalistic Protestant sect to one more liberal. The import of this is that, if the dynamic meaning of the symbol is not understood, its value as a means of communication is lost or mitigated. Practically, a therapist working within the framework of a church may be unable to accept or recognize the subjective meaning of such symbols or their meaning may coincide with his own particular beliefs and his effectiveness will be decreased.

In a broader sense this unwillingness or inability to accept or understand another's symbolizations is a problem that the professions of religion

and psychology are just beginning to solve. Consider, for instance, the word symbol "love" and the difference in meaning it connotes to a theologian and a psychiatrist. The theologian may affirm that God is Love while the psychiatrist states that Love is God. When they talk of love they use the same symbol to describe something which may be really quite different. Communication and understanding under such circumstances become difficult or impossible and a situation of confusion, not to say of ill will, may exist. Fortunately, men of good will in both professions are working together toward mutual understanding. They are taking the necessary time to define terms, share knowledge, and clarify symbols. We shall have occasion later to discuss symbolization in greater detail in relation to the problems of mental illness in ministers and their associates.

It is perhaps appropriate at this time to discuss briefly the problems of selection, the material itself, and other related factors, by way of further orientation. During a five-year period, as mentioned earlier, it has been my privilege to see in consultation or therapy over one hundred individuals who were associated in one way or another with the profession of religion. For purposes of discussion, they may be divided into two groups —those who had intensive treatment and those who were seen briefly in consultation. The latter group of forty-four people consisted primarily of missionary candidates and students, with a sprinkling of ministers and religious educators. Most of them had been referred by local seminaries because of specific problems or were self-referred because they felt the need of some help. Generally, the procedure with these people was to take a psychiatric history during the course of a clinical interview. Usually the problems were so apparent that specific recommendations could be made to the individual or to the referring seminary.

Missionary candidates, in addition to the diagnostic psychiatric interview, were given the Rorschach and the Wexler-Bellevue Intelligence Test by a psychologist as a part of the routine evaluation by the board of missions of a large Protestant denomination. Thus there was the advantage of having two independent observers, using different methods of evaluating a person, come to independent conclusions regarding each person. With these missionary candidates the purpose was to recognize disabling mental illness, to search for conditions which might potentially become so, to describe the character structure as an aid in placing the candidates in an optimum environment, and to advise and make recommendations. Most of these individuals did not require therapy since they were functioning in an adequate fashion, but they were advised of any problem areas. Those who needed treatment were urged to obtain it and an effort was made to indicate the treatment of choice and help them accept this. Basically, therefore, with these individuals the material available for study consists of clinical psychiatric data and the data from independent psychological testing.

The remaining fifty-six individuals were referred or came of their own accord for specific problems and were accepted for treatment, more or less intensive, depending upon the usual factors governing the selection of patients. These were consecutive cases, in the profession of religion, seen in my practice and were not specially selected for this study. However, insofar as they were all in the profession of religion and members of a Protestant church, they were in a sense pre-selected. They did not come from the same denomination. The majority were Methodists, but Episcopalians, Lutherans, Baptists, and Unitarians were well represented.

The size of the group precludes any valid statistical evaluation. Further, the type of data obtained does not readily admit to statistical study even if the sampling were sufficient. As an example, a patient has a certain dream and free associates to this dream, producing further material. A psychiatrist, using this material plus his knowledge of the patient, plus his understanding of himself and others, makes an interpretation within the framework of the therapeutic hour. How can the patient's response to the dream interpretation be evaluated statistically? Sometimes the full response is not apparent for a week or longer. In addition, the interpretation given, with its particular emphasis, may be only one of several possible interpretations, each of which may be valid for the dream and the patient, but may not be admissable at the time, therapeutically. In my opinion, any attempt to evaluate such subjective data statistically, at our current level of knowledge, is a waste of time, but the material concerning these people is worthy of presentation. Such empirical data can be compared to similar data from other sources and eventually a body of knowledge may be accumulated. From the practical viewpoint, such data have been of value in the treatment of these patients, but the opinions expressed must await further validation.

Since the material was obtained incidental to therapy, a few words concerning therapy may not be amiss at this time. Therapeutic techniques will vary from patient to patient depending upon the needs of the individual. The orientation for treatment was based on the theory and practice of psychoanalysis, or, perhaps more accurately, of dynamic psychiatry which permits a more eclectic attitude toward patients. It is not necessary to enter into a discussion of the various schools of psychotherapy except to say that each has its advantages and disadvantages. My own basic training is Freudian. Therapeutic goals varied from supporting existing psychic defenses to that of changing or modifying character structure. Patients were seen from two to five hours a week over a period of time ranging from as short a period as six months to as long as five years.

The main sources of data for this study were the psychiatric history, psychological testing, and free association or other verbalizations of the patients during their therapy. Obviously, it is impossible to give a full verbatim account of a case history, because the frank and intimate details of the lives, thoughts, and feelings of people often are unacceptable and

are anxiety-producing to some. The selection of material must be such as to protect the privacy of the patient as well as to be consistent with current social convention. No useful purpose is served, in these articles, by detailed accounts of that which was revealed in confidence. It must be recognized that such selection and limitation of the material has a disadvantage in that the step-by-step development to a conclusion cannot always be demonstrated. If the conclusions thus seem less convincing to some, this is to be regretted, but is unavoidable under the circumstances. Part of these data are historical in the sense that they have to do with the past history of the patient in relation to his early environment.

We know that early environmental influences affect the development of personality. To know *what* factors are involved and *how* they influence the character structure is important. A study of such influences is a part of every diagnostic evaluation, and rectifying these influences is a part of all therapy. Linked with familial environmental influences are cultural attitudes which also affect developmental processes. Of interest to the psychiatrist is the study of how some social mores may be used by individuals to alleviate conflict as well as the study of their effect on intensifying conflict. Blain ably discusses these latter imposed stresses in detail.[1] Our concern will be with the problem of how these imposed cultural strains may be used by the individuals for unconscious purposes. For instance, the sacrifice made by many ministers and their families because of pitifully low income can be a source of real concern. However, to some this sacrifice may be welcomed as a means of punishment to atone for guilt feelings over unacceptable impulses or wishes. Pressures from congregations demanding that the minister restrict personal pleasure may lead to an inhibition of normal emotional expression. A minister who fears to express normal feelings because he is afraid he will lose control may welcome these imposed restrictions as a means of maintaining control. Religious beliefs and practices may be used in an attempt to reduce psychological tensions, but may also be the source of additional conflict.

Finally, a major problem to be considered is the effect mental illness has on religion. Historically, it is known that many religious leaders suffered from various forms of mental illness which influenced their lives and affected their religious beliefs. The effect this had on religious practices and society is important. While this is primarily a sociological problem, psychology may have a few words to say.

These then are some of the problems we hope to consider in succeeding articles. To some we shall find answers, to others we shall not. Specifically, the next contribution will deal with the families of ministers, while following articles will consider the evangelist, missionaries, the pastor, pastoral counselors, the teacher, women in religion, and religion, society, and mental health.

[1]Daniel Blain, in *The Church and Mental Health,* edited by P. B. Maves; Charles Scribner's Sons, New York, 1953, p. 253.

RELIGIONS, NOT RELIGION: PSYCHOTHERAPIES, NOT PSYCHOTHERAPY

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Those who, in our troubled times, place hope for the progress of mental health in the recently established collaboration of pastoral counseling with the scientific field of psychology, both normal and abnormal, should be anxious that this attempt not fail because of errors made during the formulation and carrying-out of this collaboration of two such sensitive and differentiated fields of human mental life. One specific aspect that would seem to call for special consideration is the multitude and variety of forms of modern religion and the multitude and variety of schools and theories of psychology. As yet we do not seem to have achieved a clear and definite psychological characterization (1) of the basic differences between the various religions, and (2) of the basic theories of the various psychologies and the differences between them. Nor have we attained sufficient insight into the specific characteristics of a person's own religion and a person's own psychology, viewed from the psychological point of view, which might be a basis for the desired collaboration.

Let us view the problem in some detail. And let us consider psychology first. We know that today this field is split into a considerable number of schools among which, in the field of normal psychology, Behaviorism and Gestalt Psychology are the most widely known. In the field of abnormal psychology, the names of the creators of the various theories stand for widely different and sometimes bitterly opposed theories: Freud, Jung, Adler, Dubois, Janet, Adolf Meyer, and others. Each has attracted professional workers and individuals who feel that the psychological theory set down by one of these masters is the correct one—that is, it is their own psychology. In other words, there are groups of individuals who by innate constitution have a certain psychology, and "the master" is the specialist who has put this psychology into the form of a theoretical system. Freud's psychology, therefore, is valid for one group of people, Adler's for another, and Janet's for a third. These different types of psychology are comparable to different species in the botanical world. Any type is right and valid for the individual who belongs to this psychic species, and wrong for the others.

In the field of the religions the situation is not too different. Everyone knows that there are deep psychological differences between the major

religions. Within the major groupings we find a large variety of orders, denominations, and sects—in the Protestant group, for instance, Episcopalians, Presbyterians, Unitarians, Congregationalists, Baptists, and so forth, in addition to the Quakers, the Mormons, the Adventists, and the Shakers. Belonging to one of these religious groups does not mean only that the adherent finds the specific intellectual teachings and doctrinal writings most suitable to his own rational belief; there are also deep-rooted emotional and psychological differences in the various forms of religious experience and in the behavior of the various religious groups as such. There are very definite psychological characteristics which are the same as the psychological characteristics of groups and which are the chief elements in group identification. It is of course most difficult to describe these elements verbally; we might even say that their specific character is that they are non-verbal psychological elements of identification.

Thus we are dealing with two fronts of psychological types. On one side we have the different theoretical psychologies, and on the other, the different psychological types of religious people which, according to the present popular concept, ought to profit from a collaboration between religion and psychology. The question of which type of psychology best fits which religious type has nowhere been determined; in fact, it has not been investigated or seriously studied.

This represents a very grave neglect. All that we have had so far are suggestions, such as that everyone should be analyzed by the Freudian method, with its strongly biological emphasis. It is urged especially that all clergymen should have such analysis. Similar ideas have come from other sides. Only recently has the need for different approaches for individuals adhering to different religious beliefs been recognized. C. G. Jung, for instance, once pointed to the fact that his method seemed to attract mainly Protestants and that he had few Jewish and even fewer Roman Catholic patients. In the physical world it is more than evident that elements have to match, like the wheels of a watch, if they are to be able to coordinate, and this is equally true with regard to coordination in the field of the functioning of the human psyche. The psychological and psychotherapeutic aspects of the religious problems of an individual ought to be synchronized with the religious type that the individual represents. Where psychology is inappropriately applied, as those of us who are aware of, and sensitive to, such factors have observed, there occurs a tragic worsening rather than a cure.

In this relationship between religion and psychology there are two aspects, it seems to me, which must be seriously considered. The first is the need on the part of the pastoral counselor for *actual knowledge* about psychology and the various types of normal and abnormal psychology in general, and knowledge of those factors which are the varying elements in the different religious denominations. We might well say that such

knowledge must be considered basic to responsible pastoral counseling. The pastoral counselor should have knowledge not only of the psychological concepts he is in sympathy with, but, equally, of the other major psychologies, since among the individuals he will have to deal with there will undoubtedly be different types. Also, the ability to recognize the peculiarities of one's own religious type will be considerably widened by a general knowledge of the various features of the different psychologies.

The second aspect is that of counseling with the object of converting a person to a certain belief or to confirm him in his present belief. A thorough knowledge of psychology will not only increase the ability of the counselor or conversionist, but will at the same time instill a greater feeling of responsibility for the task he pursues. Today most of those who go out to win converts to God or to their own religion are primarily interested in winning the convert over, looking on their task as a purely theological one. If the element of variety in psychological types and the psychological differences between religious denominations is understood, the theological point of view is mellowed and may even change into a psychological point of view. Even if one does not have a clear insight into the specific character of these types, he will be able to develop a feeling for the differences, although he may not be able to express it verbally. In confronting an individual, a counselor or conversionist should first be clear as to the specific religion to which the individual belongs, and, secondly, should try to gain insight into the specific psychological features of the individual's character and personality. This means that he must also study the individual with regard to his mental health status. Many individuals today seek help from religion, or even conversion, for abnormal mental conditions. Psychopathic conditions should be treated psychotherapeutically before conversion is undertaken. Also to be considered, in the case of some individuals, are peculiarities and traits of weakness of character. Finally, the pastoral counselor or conversionist should seriously consider whether an individual is suited to the religion he is being offered, or, seen from the other side, whether the message and the religion offered are suited to him. The conversionist should also consider carefully whether he has the ability to assist the individual in all that he will be exposed to during the conversion process, and whether the social conditions for this exist.

Those who, like this author, have studied the processes of religious life, and especially conversion, have frequently seen the tragic results of wrongly conducted religious guidance. A change of religion is a serious matter for any individual, one that imposes considerable strain. This fact is today not taken seriously enough. Religious history reports many cases of conversions that led to near death, to serious physical illness, or to mental disturbance. Such things happen in our own day, but often the real causes of the catastrophes are either not realized or are ignored. In my book, *Psychologie und Psychiatrie der Conversion* (Leiden, Holland,

1942), I described a number of cases of such conversion psychopathologies which make concretely impressive the danger of psychological mistreatment.

In discussions I have had concerning these problems, I have frequently heard conscientious counselors and conversionists express the opinion that there is a lack of sufficient literature and training facilities in this field. The small beginnings that have been made, which in many respects lack real depth of insight, should be expanded, especially in the direction of the aspects here discussed, so that no religious propagandist would engage in practical work who did not have adequate psychological education.

THE PSYCHODYNAMICS OF RELIGION

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Religion may be seen as a body of truth concerning the Divine. It may also be seen as it inheres in individuals—what it actually means in depth to this and that person. The one is the abstract Truth, and the other how it is contained by individuals. Individuals are also the business of the clinical psychologist. The study of the living, palpable and impalpable changing realities in the minds of individuals, is the field of psychodynamics of religion which is concerned with dynamics of religion in individuals and indirectly (that is, through individuals) with the dynamics of the Truth in itself. In the psychodynamics of religion psychologists and the religious can join in mutual aid and understanding.

Movements in the Divine and in the individual touch hands in the unconscious. This will surprise both psychologists and the religious. This has been implied many times in the world's classical literature, but it is only now becoming explicitly conscious. Two major works develop this idea. One is by the Protestant theologian Hans Schaer, *Religion and the Cure of Souls in Jung's Psychology.*[1] The other is by the Catholic priest Victor White, *God and the Unconscious.*[2] Both have their source in Carl Jung's psychoanalysis which is also the view (bias, if you will) of this paper. Jungian analysis has always been concerned with man's personal relation with the ultimate. Out of this concern comes the possibility of a substantial union between psychology and religion in a psychodynamics of religion. We shall outline the structure of this union and then show clinical examples of it ranging from relative certainties to personal impressions.

Through the Unconscious to God

The argument oversimplified runs thus: in the recesses of man's mind are found traces of undeveloped ethics and symbols of the life of God. This shouldn't surprise the religious philosopher. The *potentia* of the philosopher is much like (if not identical to) the unconscious in the Jungian system. What is potentially part of a man's psychic life shows evidence (symbolic

[1]H. Schaer: *Religion and the Cure of Souls in Jung's Psychology;* Pantheon, New York, 1950.
[2]V. White: *God and the Unconscious;* Regnery, Chicago, 1953.

and otherwise, as in dreams) of its existence in the unconscious. God is in the unconscious but so is the accumulation of personal experience and habits. Clinically it is as though a man, standing in the tiny center of self-awareness, has to peer at God through the beclouding and misleading personal unconscious and personal experience. God would be in the more remote and stable impersonal unconscious. The Jungian analysts have implied this for some time (to the horror of Freudians), and now two men of different faiths bring it out.

It is as though much that religion has to say and is implied in its philosophy has been clinically rediscovered in more lively form. This doesn't reduce God, though, for it must be borne in mind that it is symbols of Him, signs of His Action, that are discovered. This link between psychology and religion is accepted by numerically few on either side, but consider the clinical and religious implications of this.

Immediately one could say that the individual personal perception of God would be conditioned by personal experiences since He is dimly seen through the personal unconscious. Since the prevailing cultural pattern is a major conditioner of the personal unconscious, it will play a role. For instance one might link the somewhat authoritarian Jewish conception of God with the patriarchal authoritarian Jewish culture. Clinically one often sees a confusion of parental figures with God in a patient's unconscious. An overtly strict and punishing father leads the son to a conception of a God who must be obeyed and for whom one's atonement is never enough. Many of these plague the confessional and doubt they are pure enough to take communion. Kind, loving parents lead to a conception of God the Provider who is warm and forgiving.

In the unfolding of private cases in the clinic it has been curious and instructive to see the shift of religious values as the patient develops. My impression is that disturbed individuals who are beset by their own problems either have fallen away from their old religious values or no longer use them in a genuine way. Psychopathology and the loss or insincere use of religion go hand in hand. As their personalities develop in psychotherapy, many times patients spontaneously report religious imagery in dreams and a return of feeling for religious practice. No attempt would be made to work on religious values in themselves by the psychotherapist, but they return of themselves laden with new feeling as the patient discovers himself. The religious may say the sick man has fallen from the truth while the psychologist can say psychopathology is due to a lack of understanding of one's own unconscious. The two are one.

This observation would lead one to wonder about the overly religious cases who mark the development of disorder by espousing other and often more strict religions or become completely entangled in an old one. These are the cases that lead some psychiatrists to the unformulated belief that perhaps too much religion causes disorder. In my own experience a close

examination of these cases shows that they use the religious dogma as a verbal front, but that the real meaning and purpose of the dogma cannot be said to pervade their lives. A case of a paranoid schozophrenic who quotes reams of Christian Science comes to mind. Like almost all of the seriously disordered it functions in no way toward amelioration of his social relationships. He is isolated and repeats these phrases in an empty, meaningless way as a kind of rationalization of, and attempt to order, his disordered reality. A Jungian analyst once remarked that the degree of disorder correlates with the degree of social distance, and social distance means that one is not putting into practice that Christian ethos which benefits one's self and others. Curiously too, as these hyperreligious become well, the whole verbal religious front first disappears and then later new and actual religious values arise from within the person and are presaged by dream developments.

That religion arises most meaningfully from within will surprise some and bore others. It has far-reaching implications in practice though. For instance, the rigid psychoneurotic obsessive-compulsive, whatever he might *say,* acts and feels as though religion were a blind ritual, an empty maze that must be traversed every so often to be saved. Because the feeling-meaning of it is flat he is not completely certain it has been done in just the right way. It does not spill over and ameliorate any of his social relationships. Any hint of questioning its dogma threatens him, as does the appearance in consciousness of one of his own impulses. All is *according to hoyle,* order, form, regularity; but the feeling-meaning has sifted out. To restore him to the lively ways of religion a verbal impounding of dogma worsens his disorder. As a person he must discover feeling-meaning psychologically and/or religiously. As far as *this man* goes they are something of the same. Clarify the internal and psychic relationships with his own unconscious and the religion takes on depth of meaning. Conversely, too, help him rediscover religion as a personally meaningful thing and the clinical condition is ameliorated. This is a view of religion in which personal feeling of meaning and depth—religion which grows out of the individual—is contrasted with religion as arbitrarily imposed on the individual. The former is democratic and the latter autocratic. The former spills over and ameliorates social relations while the latter tends to empty talk about amelioration. The former tends to commune with God constantly while the latter goes through ritual one hopes is communion.

Psychotherapy—Truth Found Within

Hearing a sermon the other day delivered in the cultivatedly dramatic voice used by many ministers reminded me of an essential difference between religion and psychology. Suppose the doctrine he was expounding is completely true. Still it seems clinically like a forced truth. That is, he espouses and expounds dramatically a truth which his whole artificial manner suggests does not arise from within. As an opposite case, even the enemies of Christ were impressed by His personal knowledge and conviction. Clinical

psychology probably always will stand for the personal discovery of truth from within. Make the unconscious conscious and the man will speak a sincerity that bespeaks a personal apprehension of things. Most religion is impounded from without—forced truth (whether justified or not), whereas the psychotherapist only acts as a catalyst to help the patient discover the truth that is in him. There is very little projection of the personal values of the therapist. Deliberate attempt is made to remove these in his own analysis and in the relatively constant analysis of counter-transference[3] Religion has much "forced truth," while psychology stands for the personal discovery of truth in one's self. One inserts values and the other unlocks them.

The psychodynamics of religion can study the effects of "forced truth." As G. Gorer has said, the tendency of Americans is to rebel against the father and authority. All authority is suspect. For instance, politics is thought of as the profession of the cleverly dishonest. The effect of forcing the truth on someone in this culture is to promote unconscious rebellion. Consciously such an individual may profess faith and practice his religion, but it does not take hold in depth. He unconsciously finds fault in it and transgresses with some secret pleasure. One French Canadian, conscious of his rebellion, jokingly called a transgression "putting one over on the Pope." This rebellion against authority is far stronger in males than in females and accounts for much loose adherence to religion in males. For these males the rediscovery of the depth of religion must go through the avenue which on its proximate end has unconscious hostility toward the father (the Oedipus complex).

Bringing in the element of personal dynamics lends to religion depth and variability in its manifest aspects. Suppose that the infinite richness of individual dynamics be condensed into an oversimplified system.[4] Conceive of each individual as a circle and that the four psychological functions of thinking, intuition, feeling, and sensation are in order the quadrants of the circle. The quadrant uppermost is in consciousness and the opposite downward one is unconscious while the other two are intermediary. For instance, most philosophers dynamically (and more broadly even Western males in general) may be seen as having the thinking function in consciousness while feelings are unconscious to them. In his personal approach to religion such a person will tend to think of it as a complete logical system, rational in all aspects, explainable in words for the most part. His description and approach may be painstakingly logical, but it will lack depth of feeling. What is personally mysterious to him are feelings. Ecstatic experiences of others are either merely hysterical or completely other-worldly (certainly removed from his world). Through his own dynamics he is able to see God as the Summum Bonum of logic, but His felt love aspects are missing or removed from him.

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[3]Analysis of counter-transference is the analyst's attempt to discover and thereby control projection of his values, anxieties, etc., onto the patient.
[4]This is borrowed from Jungian psychoanalysis.

Now such a one meets a woman in whom feeling is dominant and the thinking aspect unconscious. She feels religion is right. She does not remember the sermon but it moved her. Our philosopher gets exasperated with her because she does not learn the fine points of philosophy, the categories of virtue, etc. To him she blunders into religion on a blind (i.e., non-logical or non-rational) basis. Since our culture weights values in the direction of reason over feeling she will be awed by his erudition and perhaps a little ashamed the she can't capture more of it. The intellectual function is unconscious to her so it will seem remote. God to him is a wordy, cold abstraction, while she feels her way to Him and is ashamed that she can't explain the process. Both are blind to aspects of themselves and of God.

Religion has all the aspects of individual dynamics. For one person the church is the source of all philosophy, for others the Mother of feelings, for others the unifying symbol of mystical intuition, for some a colossal social institution, for some the embodiment of art. The latter notice the stained glass and architecture first and the mass is very like a balanced symphony. The thinking-dominant type never really penetrates the mystery that these other types easily live. Each sees clearly what is most conscious in himself and barely touches anything unconscious. God himself is the unifying symbol of these and more aspects.

These psychological dynamics of religion may clarify the problem of religious conversion. A thinking-dominant, feeling-unconscious type of male went to see a minister who happened to be of the same type (religious and scientific training tends to select these). His wife was religious and he thought he should give the religion a try for the sake of the children. The minister worked as this kind of individual will. He argued, gave him ponderous tomes, and then answered all the young man's questions and doubts with more philosophy. He wasn't converted because philosophy, reason, logic would never unlock this young man as a person. The mysterious way toward his development lay along a road called feelings, having mother, wife, and sister along its nearer reaches. He went to another minister who tended to be feeling-dominant. This one gave out no ponderous tomes but awakened a feeling of the existence of God by reminding him first of the mysteries in his feeling-laden relation with wife and children. The road opened out from there and he was converted. He remains thinking-dominant, but he senses in religious practice the depth of feeling that he needs to be balanced.

The guidance by the religious of parishioners so obviously overlaps with counseling and psychotherapy the point needn't be stressed. The dramatic matters such as stigmatization, religious fanaticism, asceticism, flagellation, illumination, visions, etc., are also matters in which psychodynamics are important. They can't be gone into here. Of course analysts can explain away these things or reduce them to their complexes. But it is

a kind of conceit to take a narrow value system (i.e., the personal unconscious as repressed sexuality and aggression) and reduce all else to it. In olden times these dramatic experiences had a higher and more positive value put on them by the social milieu. They were also, perhaps, more common than they are today. To have visions today puts one in danger of hospitalization by psychiatrists who wouldn't be very sympathetic.

To be socially safe these awesome experiences must be held in abeyance. Some would say we are an age removed from God. It seems rather that, when denied direct expression, He is discovered in projected form. For instance, when the movement and force of the unconscious are denied internal expression in the individual, unknown to himself he runs into it in the world of so-called hard reality. We all selectively perceive only certain aspects of reality and the ones that come most to our attention in the outside world of reality are those which are trying to find development inside. We are an age short on dramatic religious experiences (visions, etc.) but long on discovering God in projected and objectified form. For instance, a physical scientist friend (sensation-dominant, intuition-unconscious type) is completely enmeshed in the problem of the relation of magnetism to the nervous system. What he hopes to prove is that there is magnetism (intuition) in human relations. He is working in projected form on the discovery of his unconscious function, intuition (and remotely the palpable discovery of the Holy Ghost). God is not absent, but is hidden in changing social values, modern design, literature, and art. Allow a man freedom in expression and he will discover his unconscious and ultimately religious values in his projections. An argument along these lines is a convincing one for democratic over authoritarian values.

Grace in Psychotherapy

In the depth of the process of psychotherapy is the last and the major link between religion and psychology that will be taken up. Psychotherapy is the high point of clinical psychology where it finally does real good for an individual. To outsiders psychotherapy is often thought of as consisting in one individual's guiding and teaching another proper rules of conduct. This is only an outward and apparent side of it. It is not at all the real life of psychotherapy which consists in an actual *emotional re-education.* The words exchanged between participants are its accidental and incidental part.

This emotional experience between therapist and patient has two not entirely distinct aspects. One is the transference or the patient's primarily unconscious and partly conscious transference of past emotional attitudes to this situation with the therapist. The other side is the counter-transference or the emotional attitudes the therapist brings to the situation. Two people meet and interact emotionally. Words are exchanged and the outsider mistakes these as the essential element. The therapist attempts to bring

the patient to corrective emotional experiences. Because the process is largely emotional it is not fully under volitional control (i.e., both transferences contain unconscious elements).

The therapist's own spontaneous counter-transference is vital for the course and success of psychotherapy. Because it is unconscious it can bear elements of the trans-personal. Anyone who has experienced the liveliness and vitality of the counter-transference, the intuition which suddenly arises to explore such and such an avenue in the relationship, will wonder if actual grace is not a part of it. For a few moments the relationship is deeply alive and the therapist is borne alone on a current. He acts and solves, but it is more done through him than by him. Actual graces operating in the transference and counter-transference to guide the process of personal development—here is the deepest well in clinical psychology and an area where it really seems to join with religion. How to facilitate the expression of grace is our big problem. We can facilitate only its expression, and when we do there arise spontaneous impulses with a movement of the will in the direction that will aid the patient's growth. This well can never become an exact science. Fortunately, it can't be used to the detriment of the patient since it apparently cannot find expression when there is unconscious malevolence on the part of the therapist. Some day this may be generally accepted and then there will be the rather terrifying realization that it takes a good man to do good psychotherapy.

Grace and love seem related. The highest goal in mystical theology is for the individual to become identified in the life of God. The nature of the life of God may be partly described as Pure Love. My work is largely with psychotics who are lost in a gorgeous display of unconscious depths which the normal can barely infer in a lifetime of meditation. It struck me one day when working with a psychotic woman that she was striving after something which we sensed (in the emotional transferences) as something akin to pure love, so pure that any human bearer of this love or any human act is always an inadequate expression of it. It struck me that in finding our way back to reality through the depths of the unconscious (which contains God) we are striving to realize and be the perfect expression of Pure Love. Only in a loose and partial way may this be said to be psychosexual maturity for sex is only a poor sign of its insistence. To be able fully to realize sexual maturity, affects, drives, all these goals of psychotherapy are lower-order derivatives of this subliminal goal. The goal of a man in mystical theology and in psychotherapy are the same except that the former is the idealized statement while the latter is a palpable but partial and lower-order realization of it. It is the ever new and lively discovery of this which makes psychotherapy a dramatic and renewing experience for both people involved. One doesn't know whether to say this love facilitates grace or is the expression of it. Theologists can tell us. In any event, love and grace in the transference and counter-transference go together. When these are present there is right action. With

this, psychotherapy of even the most severe cases can be quite rapid. But then if the fruitful heart of psychotherapy is grace, who is the therapist?

The other areas of relation between clinical psychology and religion are relatively better worked out. This latter, actual and perhaps supernatural grace operating in the emotional curative relationship between two people, is at this point only a personal certainty.

The touching of hands in the unconscious of religion and psychology can be a fruitful union. Vaguely and perhaps a little haphazardly—as is the human way of the unconscious itself—some of these fruits have been indicated. Ultimately seen, man has but one task, and it comes as a pleasant surprise to find psychology and religion both have to do with our one task.

DEPARTURE AND ARRIVAL

HAROLD STEVENS, Ph.D., M.D.

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It has been a rewarding and satisfying experience to have shared our many hours together and to have watched and participated in your growth. We, the faculty, are saddened by this parting but proud and confident that our efforts as teachers have come to full fruition. It is not our hope that you will imitate or even emulate us, but rather that you will utilize the principles we gave you to surpass us. I know you will never forget the debt you owe, not only to your faculty, but to the many generations of physicians and scientists that preceded all of us. Whatever heights of professional accomplishment you scale, always remember with humility that you stood on the shoulders of a giant.

To you, the friends and families of the new doctors, I wish to welcome you to an elite circle in which you now have a lifetime membership. The dues, for which you will get a receipt tomorrow, are no longer as onerous as they were in the last four years, but the other obligations have increased.

It is now your special duty to preserve and to enhance the effectiveness of the doctor. This is a heavy charge. The new doctor—or old one, for that matter—is often not easy to live with, and your role is a complex and responsible one. At times his antics may perplex you. His moods, subject to change without notice, will baffle you. His preoccupation will isolate him from you. His demands may appear unreasonable and capricious. At times you may become critical of a medical education that did not prepare him emotionally for the exacting life of service. You may be right. We, the faculty, have labored diligently to equip our graduates, but medical school is only part and merely the beginning of his education. This truly is a commencement exercise, for now another phase of ceaseless learning begins. And now, except for you, he is on his own.

In a short time he will walk into the ward of a hospital where he will be confronted with trying problems and, at times, equally trying people. Is he emotionally prepared to make incisive and sound decisions of far-reaching consequences to the precious lives of his patients? Will he recognize, and how will he handle, his inevitable anxiety? With the passage of time and

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with experience, the doctor acquires, by slow and painful accretion, a protective patina of professional maturity. But experience is costly; in fact, experience is just another name for our mistakes, and no doctor of any age is ever free of the gnawing self-reproach for the errors of judgment that none can escape. This source of anxiety cannot be avoided. It is a built-in occupational hazard. The really crucial and compelling questions are: Will he recognize his anxiety, and how will he handle it? On the answers to these simple questions rests the momentous issue of the doctor's effectiveness. How have others fared before him? Usually creditably well, but too often the young anxiety-ridden doctor, in his blind despair, lapses into one of two tactics of self-defense that dangerously distorts his judgment. In one, the young doctor confronted with a vexatious, threatening problem may be overwhelmed by a sense of helplessness and panic. Because he can't reproduce the logic and learning of his teachers or of the textbooks, he finds himself wanting. His self-esteem and morale are shattered. Self-doubt paralyzes his mind. This self-assaultive reaction to anxiety follows because he expects too much of himself, because he has an over-idealized image of what he should be, of what others expect of him, of his role as a beginning physician.

This unrealistic, inordinate, self-generated demand for perfection not only impairs his judgment but distorts his relationship with his patient, to whom the doctor's anxiety and uncertainty will promptly radiate either through verbal or nonverbal communication. The doctor afflicted with this self-assaultive reaction to duress is ineffectual because he is inaccessible to the obvious truth that his professional growth can be nurtured only by time and by a consecutive series of experiences in meeting, facing, and solving problems. Only by benefiting from the inevitable mistakes and by assimilating his experiences with equanimity is he made wiser and more effective to help his future patients. Usually, he struggles through the ordeal, shaken, but in the long run this trial by fire gradually strengthens the fabric of his self-esteem.

In contrast, the second technique for coping with anxiety is quite likely to congeal into a fixed role. Also, it is more common and more subtle. This second reaction is characterized by the development of feelings of omniscience. It subverts the doctor into a swaggering, tedious, egocentric caricature. He becomes insensitive to others, often is pompous, humorless, and arrogant, as if to shout down his own inadequacies. He is lacking in humility, opinionated, and subject to paroxysmal pontifications. But the pathognomonic sign of this common occupational stereotype is the feeling of omniscience. Moses Maimomides, in the twelfth century, recognized the importance and general extent of this phenomenon. He stated . . . "the soul is subject to health and disease just as is the body. The health and disease of both depend upon the beliefs and customs which are peculiar to mankind. . . . Within the sum total of diseases there is one which is widespread and from which men rarely escape. This varies in degree in different

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men, just as all bodily diseases vary. . . . I refer to this: that every person thinks his mind more clever and more learned than it is. . . ."

If the epidemiology of feelings of omniscience in doctors were investigated it would be found to be of high incidence, of varying degrees, but most common and conspicuous in the emotionally impoverished. This universal temptation to play God threatens all physicians and may vitiate their effectiveness. The new doctor is particularly vulnerable.

This inclination to play God is given further impetus by a great many patients who, because of their own intrinsic dependency, impute God-like powers to the doctor. They eagerly look to some one authoritative figure in a child-like manner, hoping to divest themselves of adult responsibility and to accept his words and ministrations as if they were divine magic. This tendency to abdicate adult roles and responsibilities is potent and widespread and probably underlies the strength of totalitarian states that offer to trade individuality and self-sufficiency for a feeling of security and dependence. A further bonus is offered of basking in the glory of, and identifying with, the leader.

It should be emphasized that in all patients, regardless of their emotional equipment, there is the realization that because they are sick they need help. The average patient concedes that his former self-sufficiency is currently and temporarily in abeyance. He understandably looks to the support of the doctor to restore him quickly to his former level of health and proficiency. The temporary regression by the patient to a state of dependency should be recognized by the doctor as the usual and natural response to the duress, incapacity, and threat occasioned by the illness. In fact, the patient's capacity to appeal openly for help is a manifestation not of weakness but of strength that can be channelized by the physician into a collaborative effort that will speed the convalescence. The patient's frank admission of dependency should not incite you as physicians to revel in fantasies of omniscience, nor motivate you to parade your imagined superiority. In the Talmud the pointed question is asked—"Why was man created on Friday?" The answer follows, "so that if he becomes overbearing one can say to him—the gnat was created before you."

How, then, can the new doctor detect these subtle forces and deflate these feelings of omniscience? The obvious and ancient answer is to "Know thyself." But from where does one learn about the self; about one's interactions with others? How does the new doctor gain this 20/20 insight? There are at least three avenues of self-understanding: first, through study of the social sciences; second, through reality checks which the family unit provides; third, through development of spiritual and ethical values.

The doctor as a scientist would naturally seek some light from the social sciences: sociology, anthropology, psychology; and indeed by diligent application he can learn much from the data of these disciplines. The utili-

tarian value of the social sciences in broadening the physician's limited scope deserves more consideration than the crowded medical school curriculum has given it. The very heart of the practice of medicine is knowing and dealing with people in relationship to yourself and to the community.

It must be admitted that the doctor's specialized and necessarily narrow background of knowledge makes it difficult to assimilate the special idiom of the social sciences. But knowledge of human relations is a professional imperative, and, unless you dedicate yourself to understanding human behavior, you will never rise above mediocrity. This means a systematic program of life-long reading in a field that is evolving as fast as physical science, and with a specialized language that changes and enlarges just as fast. This means further sacrifice of your meager leisure time. You must decide early in your career either to allocate time for intellectual growth or sit back and live off of principal. This is the doctors' dilemma.

The second avenue through which the young physician can fulfill the admonition "Know thyself" is through reality checks. These are provided particularly by his interactions with his family and intimate friends. You who are seated here tonight serve as the mirror in which each sees himself reflected. Our self-evaluation is determined, to a large extent, by the way other people react to us. We gradually learn to see ourselves as others see us and to evaluate ourselves accordingly. Thus, the doctor's family can serve as a stable point of reference, as a reality check that can keep him earthbound when soaring flights into fantasy of omniscience tempt him. The unique opportunity for ego-gratification and for social approbation offered by the practice of medicine may drive the doctor to assume roles that he may relinquish only after painful and devastating personal experience. But your family will often clearly see the truth and keep you regularly and unmistakably informed—particularly your wife and children, who will offer unsolicited observations often in vivid and graphic language. The sustained reality check provided by your family unit can, after many years and many changes of role, ease you solidly and comfortably into a stabilized and realistic role. Should this corrective experience occur, you then will know yourself, your resources, your limitations. You will recognize the hidden manifestations of anxiety and thus can effectively handle the complex patient-doctor relationship. Most important, your self-esteem will be preserved and you will not be motivated to use your patients as a foil for blind insatiable hunger for ego-gratification. Sincere humility will replace the feeling of omniscience, and energy expended wastefully to maintain false roles can be diverted to constructive ends. In the words of the great Galilean physician, "You shall know the truth and the truth shall make you free."

With a clear 20/20 conception of self the doctor is emancipated from the subtle and often tyrannical forces which drive him to erect defensive facades. Free of such pseudo-strength, he can deal fairly, sympathetically,

and realistically with his patients. And once the doctor recognizes the protean patterns of anxiety in himself, he then can perceive and manage it in his patients. Further, he can handle the frequently encountered expressions of hostility.

Recently, I was asked to examine a boy of 10 because he had been limping for a year. After the neurological examination I sent the child from the room and as gently as possible informed the parents that the child had progressive muscular dystrophy. Their reaction was unbridled hostility toward me. Who did I think I was, giving them such a sinister diagnosis? Hadn't they taken the child to other physicians who said he would grow out of it, etc? Their castigation was relentless, and it was apparent that nothing but further aggravation of the anxiety of the distraught parents could be gained by argument or by launching into a defense of my reasoning or by enumerating my professional qualifications.

The temptation to "tell off" such people is quickly neutralized by recognizing that hostility is the common face of anxiety and by telling yourself that "My reputation will neither stand nor fall on their opinions." This silent incantation can be useful many times in many ways and should be kept handy—for example, when the young physician's self-esteem is threatened by the sharp criticism of an older colleague whose own power operations include regular derogation of his younger fellow physicians. Under such conditions it may be helpful to recite the above litany. And remember, never aspire to have everyone like you. Only the young child has a valid need to feel that everyone likes him. An adult well may be as proud of his enemies as he is of his friends, and an adult who likes himself only when someone smiles upon him is an adult in trouble. The compulsive pursuit of universal acceptance and approbation is strictly from emotional hunger. The great physician, Luke, reiterated, "Woe unto you when all men shall speak well of you."

The doctor with insight and with mature emotional and intellectual resources will be protected in large part against the ever present desire to be omniscient.

The third approach to fulfilling the need to "Know thyself" is through the development and deepening of spiritual values. The medical school graduate enamored with science, mechanistically oriented, empowered with knowledge and authority, and equipped with potent remedies, may see no need for divine assistance. But one of the greatest deterrents against playing God is the recognition that the job has already been filled. Not all young physicians acknowledge existence of a superior being and force. This is paradoxical, since in his daily life spiritual forces are constantly manifest. With maturity, this awareness evolves, particularly if a crisis or if adversity erupts in the physician's personal life. Still, many physicians fail to recognize the hand of God until they feel the back of it.

In parting, let us remember our debt to the many great and dedicated

physicians who prepared the way and left this magnificent tradition of medicine for all of us. Remember that your education is only beginning. Remember that yours is a life of service and that the finest gift is to give of yourself. To think logically and act rationally, try to perceive, comprehend, and control the subtle but powerful forces that reside within the self, motivate and color all our social intercourse. Acquaint yourself with the social sciences, for the practice of medicine is a branch of social science; and even with its limitations your personal and professional lives will be enriched by the knowledge of man as a social animal. Alexander Pope said it better: "Know then thyself. Presume not God to scan. The proper study of mankind is man."

Look to your family and friends for the necessary insight into yourself and seek rewarding experience *beyond* your professional life, so that the need to exploit your patients for ego-gratification will be minimized and the need to play God will be removed.

Avoid sham and pretense. Know what you are, and be what you are. And remember it is expected of you only to be just, love mercy, and walk humbly with your God.

HOW CAN WE BELIEVE IN A GOOD GOD IN SUCH A WORLD AS THIS?

THE REV. THOMAS W. KLINK

Chaplain, Topeka State Hospital, Topeka, Kansas

Text: St. Matthew 20:1-16 (The parable of the laborers)

I

I would testify to you of the saving, redeeming power of faith in Jesus Christ. For we are called together this hour, stranger and acquaintance alike, in our identity as followers of Him. In the protection of our meeting here we are left free to lay aside the conventions of polite discourse and ask the deep, profound, and intimate questions of human existence. With all the other intimacies of life, we can come to be at ease, but there are a few that cannot be scratched meaningfully on mountain boulders or dropped as leaflets in the dirt of a bus station floor. These questions must be asked in the protected privacy of our worship together. It is about such a question that I would have you think with me: How can we believe in a good God in such a world as this?

To ask this question is not only to pose one of the great riddles of living, but also to wrestle with our annual Lenten embarrassment as we contemplate the coming of that most incongruous event: the Passion, the Crucifixion, and the Resurrection of Christ. Here, in our embarrassment, we understand St. Paul's writing to the Romans that "the cross is a stumbling-block to the Jews and foolishness to the Greeks." To many of us (in both pulpit and pew) that cross of redemption is an embarrassment of the deepest kind. This Jesus; a perfect man; a great teacher; a tender and forgiving man—in whose glorious life we see the Fatherly goodness of God; such a Jesus we can detachedly and comfortably accept, but when he approaches us with the towel and water of his tenderness, we draw back into our frightened privacy with the Apostle Peter, "Thou shalt not wash my feet, Lord." And, when on Good Friday (that often glib combination of "good" and a day of death)—when this Christ goes so far as to betray us in our own mortality by the treachery of his dying, we cast our eyes the other way and get our new Easter suit from the cleaners. How can we believe in a good God in such a world as *this?*

Intimacy and embarrassment frame the question of your Sunday

A sermon delivered at the First Congregational Church in Topeka, March 17, 1957.

worship, but it is not just of worship or Biblical history; this question is a fresh and daily-honed edge to our everyday experience, too. How shall we believe in a good God when the fields of a thousand battles are dunged with the carcasses of human butchery? How shall we believe in a good God when we see people cringing in frightened terror at the thought of Him? How shall we believe in a good God when the world is torn by alien victories, when the sky is clear and the earth dry; when the cherished bodies of our dwelling become pain-racked, weary, disease-torn? What justice or goodness is there in all this, what fulfillment of promises?

It is of these questions that I would have us think.

II

But to answer these questions we must take God out of our pockets and put Him back in the heavens, for "His ways are not our ways, and His thoughts not our thoughts." He is God and not man. Consider with me, then, the natural history of our faith in a good God.

Every human life is born into a world of all-powerful selfhood. As in the ancient Greek legend of Narcissus, we have no felt need for aught to love but ourselves, and our self-contained love is unbounded. The world is ours and we are the world. Power and potency and satisfaction, pride and omnipotence, are ours. We live in a world where as an infant our thought is absolute monarch, upon whose will there are no restraints of morality or justice—or even cleanliness. That which the infant cannot rule, he does not see; that which he cannot command will not be recognized. That which cannot be commanded to produce pleasure is dealt with only by the noisy detachment of crying. Fed and clothed, warmed and cuddled, protected and satisfied—this is the *precious* heritage from which our human life is descended. For a time we *are* omnipotent, and *we never forget that experience.* Always, beneath our every moment is the memory of that time when we were cared for just because we existed. This is the precious and perilous raw material of our life. We give testimony to its holy place in our faith when we recall that familiar Psalm: "The Lord is *my* shepherd. *I* shall not want. He leadeth *me* beside the still waters; He restoreth *my* soul . . . Surely goodness and mercy shall follow *me* . . . and *I* shall dwell in the house of the Lord, forever."

But out of this experience of unquestioned satisfaction there comes a painful shoot of growth. We discover that there are others in the world and that we are not omnipotent but dependent. The nurturing breast and the loving arms are the possessions of another and her ways are controlled by a will not our own. And so with the first leap of faith we take our feelings of benevolent omnipotence and cast them as a protective garment over her. I am weak and dependent but my earliest experience of omnipotence is not false, it is only transferred to a mother, and then to a father, and then to a world of people and things. Even when they fail or are absent

in time of need we can find an Orphan-Annie-like comfort knowing that Daddy Warbucks and Punjab will return—if we just "do right." But there comes a time when we take this experience of omnipotence and cast it on God for safekeeping. And in this moment we make God *in our own* image—the extension of our own reality-distorting, pain-fleeing, pleasure-seeking infancy onto God. We seek to impose on Him the demands of our puny lessons of morality and our feeble ideals of justice. In our minds we try to get Him to play the game by our rules—and, when he doesn't, we lift our voices in petulant protest against reality's infringement of our sovereign omnipotence. How can we believe in You when You do this? Was it not foolish King Canute who tried to impose his will on the waves and the tides, and do we not laugh at this stupidity?

For always God is breaking through the rules of the game: Remember Jesus telling his disciples of the injustice of God by telling of the laborers, each serving a different amount of time, yet all receiving equal pay. Was it not Jesus who told of the Prodigal Son whose elder brother protested the patent injustice of allowing this ne'er-do-well to return home on equal status with him? Was it not Christ who tore the shreds from that most cherished institution as he told the Pharisees that "in the Kingdom of Heaven there will be neither giving nor receiving in marriage"? With what demon-like persistence did this Jesus tear apart the comfortable extensions of personal and tribal omnipotence that he met: The Messiah became again a suffering servant; the blessings of God come on the poor in heart, the mourning, the meek, the persecuted—all the least likely recipients of blessing.

There are some who have made of this table-turning gospel an excuse for lives of self-imposed long-suffering. They have sought after long faces as evidence of their blessing before God. But physical suffering is not the infallible mark of God in human life. It is rather that openness to the truth of God's reality which does not always neatly conform to our preconceptions, and that hurts not only because of the pain in the flesh but because of the infringement of our ancient and persistent self-centeredness.

III

We may come to see, thus, that when we ask, "How shall we believe in a good God?," we give voice to a peculiar imposition of our own upon the reality of God. And yet we do not despair in our tenacious self-centeredness because it was Christ, too, who cried out, "Why hast Thou forsaken *me*." But we trust in all times and places and circumstances God's continuing grace which has the capacity to turn our faces away from the self-centeredness of infancy toward the unfolding fullness of a reality not always of our own making. We look forward to new experiences of that grace which we have experienced before. We come to pray with new seriousness, "*Thy* Kingdom come, *Thy* will be done . . ." In the center of our aware-

ness of functioning we know a measure of that "courage to be" which the psychologist Hartman has labeled as evidence of the autonomy of the ego.

In this experience of God-given grace we see death and suffering not as peculiar problems, fraught with unique pain and peril to our lives, but as different forms of the same experience of reality which has marked our lives from the first day we were interrupted in our nursing by the demands of a telephone on our mother; the same experience as that when we discovered the openness we had to the pain of a hot stove, or the competition of a new sibling; the same experience—the same joyous possibilities—as those moments when we discovered that we had a peculiar and boundaried identity in which we were different in size, color, and abilities from all the others we knew.

The glory of the Christian gospel is in Jesus Christ who came into this world of particular history, was tempted in all things as we, bore and was glorified *through* the identity that was his as son, carpenter, Jew, man, Galilean. The glory of the Christian gospel and its answer to the problem of suffering is that this was, as the writer of Hebrews puts it, "a high priest not unaware of our feelings." Such a mutuality of experience is to be found not just in the Cross of Calvery; it is in the Garden of Gethsemane, too, where Jesus voices our temptation to petulance in pain.

How shall we believe in God in such a world as this? The answer is brusquely paradoxical: This is the only world in which we can believe in God, a God whose ways are not our ways but His own.

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EDITORIALS

Harvard Moves Ahead

It was with considerable pride that the Editors of the *Journal* learned that a member of our Editorial Board had been chosen to be the new Dean of the Harvard Divinity School.

The appointment of the Rev. Samuel H. Miller, D.D., to succeed Dean Douglas Horton gives promise that the Harvard Divinity School will give leadership to the rapidly developing field of pastoral studies. Dr. Miller, who is both minister of the Old Cambridge Baptist Church and Professor of Pastoral Theology at Harvard, is widely respected among Biblical scholars and theologians and also in the ministry at large. He represents the Christian faith of a churchman, the instincts of a scholar, the sympathy, personal warmth and qualities of leadership characteristic of the best in the parish minister.

For twenty-five years, as minister of the Old Cambridge Baptist Church, he has been a kindly and inspiring pastor to members of the Harvard faculty and student body as well as to the larger community of Cambridge and Boston. At Andover-Newton Theological School and at Harvard, he has led theological students to a proper concern for the congregations they will serve. He is described by President Nathan W. Pusey as "a man of integrity, firmness, warmth and real eloquence in both the spoken and written word."

In addition to his Cambridge ministry, Dr. Miller was Adjunct Professor of the Philosophy of Religion at Andover-Newton Theological School from 1953 to 1957, and Lecturer on Pastoral Theology at Harvard from 1953 to 1958, when he became Professor. Colgate conferred on him the D.D. degree in 1953. He is a member of the Commission on the Arts and Worship of the National Council of Churches.

Dr. Miller has written on problems in science and religion, as well as

in philosophy, and his published works include *The Life of the Soul, The Life of the Church, The Great Realities,* and *Prayers for Daily Use.*

He is the first Baptist to head the Harvard Divinity School. Mr. Pusey noted "a certain amount of historical irony" in the appointment, recalling that Henry Dunster, the first President of Harvard and a pillar of Massachusetts Bay orthodoxy, resigned his office when he became convinced that the Baptist attitude toward infant baptism was the correct one. When a separate Divinity School was created at Harvard in the early nineteenth century, however, one provision was that "no assent to the peculiarities of any denomination of Christians be required either of the Students or Instructors."

At present, the Harvard Divinity School draws its students broadly from the various Protestant faiths. In 1957-58, for instance, 31 denominations were represented. From the major Protestant groups, the School had 44 of the United Church of Christ, 31 Presbyterians, 30 Methodists, 22 Unitarians, 20 Episcopalians, 18 Baptists, and 15 Lutherans.

This *Journal* congratulates Harvard for conferring a great and deserved honor on a most worthy servant in the Lord's vineyard. Theological education is strengthened by this wise appointment.

R. J. F.

Psychology and Religion

One of the lasting contributions of the psychological study of religion is the affirmation through hypothesis and research of the *varieties* of religious experience. Psychology and religion share in this insistence upon diversity rather than uniformity in the spiritual pilgrimage of men. The result of this insistence is apparent in the multiplicity of religious groups as well as the variety of psychological "disciplines." These have called for an "ecumenical movement" within both religion and psychology in order to affirm the continuities as well as the discontinuities among the various groups in both fields of concern. In fact, the very "alikeness" of psychology and religion at this point may account for some of their antipathies for each other at times.

Dr. Harms, in his article, "Religions, Not Religion; Psychotherapies, Not Psychotherapy," which appears in this issue of the *Journal,* has expressed the need, therefore, for a more detailed knowledge of the varieties of psychology, psychotherapy, and religion. He has rightly averred that the tools of understanding the psychological and psychotherapeutic dimensions of personality are prerequisite to effective evangelism. Especially are they helpful also in conserving the results and fostering new growth in the "convert" to a given kind of religion.

We would add only that penetrating psychological insight would aid us in assessing some of our failures in evangelism and in understanding why certain types of people gravitate toward certain types of religion. Furthermore, psychological research in religion should help us to distinguish between more valuable and less valuable, more spiritually edifying and more superstitiously oriented kinds of religion.

W. E. O.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

The Meaning of Persons: Paul Tournier; Harper, New York, 1957. 238 pp. $3.75.

This is an interesting book by a Swiss psychiatrist who believes that Christian insights and teaching are essential to a psychotherapeutic healing program. He has strong religious convictions which infuse his personal as well as professional life.

Dr. Tournier draws heavily on Jung and uses his concept of *persona* throughout this work. He makes a useful distinction between the personage (pseudo, or false person) and the true person who is committed and engaged in a true dialogue with man and God. This raises the whole question of scientific objectivity versus a spiritual subjectivity in understanding man. While it raises many significant issues, in this reviewer's judgment it is an overworked thesis which artificially dichotomizes man into a natural versus spiritual being. The author argues this issue at length, overlooking the fact that for most scholars such an artificial distinction no longer exists except in some outmoded theologies.

The book is inspirational and exhortatory, but it contributes little to the science of psychology or to the techniques of psychotherapy. Dr. Tournier manifests a false idealism and weary optimism based on man's spiritual qualities, without a sufficient awareness of man's biological heritage. While creativity is the essence of human existence, one must be careful not to attribute this achievement simply to spiritual elements in his living. Dr. Tournier makes the same error as the scientists whom he criticizes by overlooking the biological drives of curiosity and exploration which form the core of the creative activities of man. He says: "We are led then to the concept of an invisible spiritual power which animates the visible world of living things, and in showing its agreement with the Biblical account of God, proves its reality." Such a fundamentalist, uncritical view of the Biblical account will hardly lend itself to scientific interest, let alone theological agreement.

There is a great deal said about true involvement, as in dialogue, participation, and the meaning of being a person rather than a thing. The author is lyrical, and at his best in the anecdotes which convey the fullness of life as opposed to the meaninglessness of mere existing. However, he adds little to the techniques of the therapeutic process. His stress on education versus the simple uncovering of defenses and his stress on the use of conscious energies to enhance the cure are well taken and useful additions to the psychotherapeutic method. The book is largely inspirational, but as such it probably will attract a wide audience.

LEON SALZMAN, M.D.

The Road to Emotional Maturity: David Abrahamsen, M.D.; Prentice-Hall, Englewood Cliffs, New Jersey, 1958. 379 pp. $4.95.

The need for self-understanding is the main thesis which Dr. Abrahamsen sets forth in his book, *The Road to Emotional Maturity*. Dealing with the basic principle of understanding oneself, Dr. Abrahamsen tells in a very painstaking manner how this can be achieved. He does this even to the point of presenting very detailed check-lists against which one can evaluate himself as to whether he has achieved self-understanding.

The author does not just stop with the plea for self-understanding and a description of the meaning of self-understanding, but he shows how it is necessary to overcome hurts suffered by the individual in his early years so that self-understanding may be achieved. Also, he points out that these hurts are unconscious and how they may defeat one in living a productive life.

The importance of and need for self-understanding are shown more specifically as he deals with the problems of marriage, the rearing of children, the problems of the home in general. He shows how certain personality patterns may affect the choice of a mate, the development of healthy children, or how they make for lifelong happiness or pain.

Strictly psychoanalytic in his approach to human behavior and motivations, Dr. Abrahamsen deals with different topics, as seen in one chapter title, "You Are Both Male and Female." Such different psychoanalytic topics are discussed in a very simple, yet effective manner, and in a way that lay persons can find helpful and understandable. He has done a particularly outstanding job in setting forth some of the more difficult elements of psychoanalytic thought about human behavior. But perhaps of even greater importance, he has done it in a clear, concise, and descriptive manner.

There is one serious question, however, which this reviewer would raise in regard to the author's tendency to make self-understanding a much easier task than it is in actuality. An individual reading this book may get the idea that once he has achieved self-understanding, his problems will automatically cease. The entire process of self-understanding does not come as simply as Dr. Abrahamsen would seem to suggest.

Nevertheless the book is recommended very highly as reading material for the pastor, especially the clergyman who has had little training in the field of dynamic psychology. It treats a subject which intrigues many people, and for this reason it provides many helpful sermon ideas. But even the minister trained in dynamics of personality structure will find this book helpful, if for no other reason than to see how the complicated theoretical ideas of human behavior in dynamic psychiatry can be adequately set forth in simple language.

• L. MACK POWELL

Theory of Psychoanalytic Technique: Karl Menninger; Basic Books, New York, 1958. 206 pp. $4.75.

Although the impact of psychoanalysis is felt in almost every current

psychotherapeutic endeavor, a great deal of confusion exists over what the psychoanalytic method actually is. Karl Menninger's most recent book brings welcome clarification as he sets forth in his usual vivid style the essentials of the theory that underlie psychoanalytic technique. Whereas many modifications of analysis have been introduced in recent years (cf. Sullivan, Horney, Reich, Fromm-Reichman), Menninger has consistently upheld the most orthodox point of view and has resisted changes from Freud's approach.

One of the chief values of this book from the point of view of the clergyman is its clarification of some of the misconceptions about what the Freudian approach actually is. For example, Menninger notes that Freud recognized that the psychoanalytic method is not necessarily the indicated form of treatment, that other approaches may serve a particular patient's needs better. Another point of clarification refers to the therapist's aloofness. Menninger points out that Freud's own ideas at this point changed and that, whereas many analysts stress only the impersonal restraint typical of the surgeon, Freud realized that the analyst must also be "the warm, human, friendly, helpful physician."

A third clarification centers in the therapist's own value system. Menninger notes that his colleagues are quite unanimous in recognizing that the therapist's value system is inevitably imparted in the course of the analysis, even though the therapist intends not to influence his patient's attachments and commitments. He contrasts the approach of Otto Fenichel, in which religious patients lose their attachment to religion in the course of analysis, with his own in which the reverse is true (i..e, with the maturing of personality attachment to religion becomes possible in a more adult way). His positive appraisal of the place of religious values is obvious here.

Although this book deals exclusively with the analytic method (the contract, the regression, transference and countertransference, resistance, interpretation, termination), it is full of therapeutic hints which, like Sullivan's *Psychiatric Interview,* can be stimulating to workers using less intensive methods. In discussing intervention (interpretation), for example, he suggests that the therapist "reminds the patient of forgotten statements or he confronts him with a discrepancy or self-contradiction, a misrepresentation, an obvious but unrecognized omission." Any of these are useful for the counselor. His list of common ways in which countertransference is found is quite choice (e.g., persistent drowsiness, arguing with the patient, premature reassurance).

Menninger's breadth of background is clearly visible as he ranges freely from Nicodemus to David Hume, from Hamlet to Tillich. In describing what happens in therapy he declares: "One may say that *Agape* has increased at the expense of *Eros.*" His broad interests are further demonstrated as he urges that analysis devote itself not exclusively to therapy but to the more productive educational task of helping teachers of psychiatry and the social sciences (and he would gladly include religion) in attaining a new concept of themselves and their world.

ROBERT C. LESLIE

The Breaking Point: Jacob Presser; World Publishing Co., Cleveland, 1958. 92 pp. $2.50.

"A ship with a thousand passengers has sprung a leak, and not a soul answers our SOS. And there is room in the lifeboats for fifty. Your turn. Well?"

This is the rhetorical question put by Suasso, the central figure in a brief but unforgettable tale of Dutch Jews in a concentration camp run by the Nazis. With fiendish insight the invaders have put Jews to making up the quota to go each week to Auschwitz (an "apocalyptic plunge" to death). Suasso becomes, in fact, a Jewish SS officer! In a macabre story like Dostoievski's *House of the Dead* the problem of these victims of Nazi genocide is how to stay alive, and on what terms. Suasso put his own beloved into the train for Auschwitz! He is, of course, a Jewish anti-Semite, filled with self-hatred because of the persecution he has suffered. "I hate the Jews. A plague, disaster." As an assimilationist he calls the Talmud "flapdoodle," and his mother embraces Arminian Protestantism (but ends up anyway in a "goyville" in the camp). At last, too conflicted, Suasso loses his head, strikes his chief while helping a pious man recover his precious Bible, and goes off as punishment to Auschwitz himself. The reader's question as he follows the tale is, "What would *I* have done if I had been in that fix?"

Presser, an historian at Amsterdam University, lost his wife to the Nazi exterminators when he went underground. His little book has won several literary prizes. It makes essentially this point: "In any barracks decent, well-brought-up people can become tyrants, liars, ruffians, thieves, in no time." But finally being Nazi-like is more unbearable than being Jew-like.

JOSEPH FLETCHER

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Individuation: Joseph Goldbrunner; Pantheon, New York, 1956. 204 pp. $3.50.

The author offers a study of the depth psychology of Jung, with particular emphasis upon the process which he identifies as *Individuation*. The result is an involved presentation which demands careful reading and re-reading but which at places is indeed very rewarding.

The process of individuation seeks to reconcile and bring into consciousness the raw material of the unconscious. In this process the author believes that the human personality is built up through spiritual growth. As one comes (through individuation) to realize his real self, he comes to see it in relation to the world and God. In fact, Christ, who remained faithful to the inner law that was born in Him, becomes the supreme example of this process of individuation. "The experience of finding the Self is redemption."

In view of both Jung's religious interest and that of the author it is not surprising to find the latter saying "The psychologist and the psychotherapist have to reckon with the reality of the soul if they want to cure

disease." It is the experience and the judgment of this reviewer that it is the ignoring of the spiritual side of the patient which has caused many psychotherapeutic failures.

JAMES A. STRINGHAM, M.D.

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Sex without Guilt: Albert Ellis, Lyle Stuart, New York, 1958. 200 pp. $4.95.

This is the sort of book that deserves a much shorter review than this reviewer is submitting. But all the related issues raised, concerning such matters as a publisher's obligations to first-class standards as well as to freedom of expression, provoke extended comment.

The publisher in this case is the man behind a paper called *The Independent,* apparently a monthly, which for two years seems to have published articles by Ellis (on sexual topics) which may not have earned publication through ordinary channels. Perhaps it is enough to say that Ellis' view of sexuality is "appetitive" rather than either "procreative" or "unitive" (the two uses of sex in Christian ethics). It can be, he says, and often ought to be simply an end in itself, something for its own sake, biological and non-affectional, "sex without love." Without any philosophical or rational analysis or explications of any kind, and simply on a basis of straightforwardly hedonistic affirmations, Ellis regards sexuality as equally legitimate and "good" whether in coital, erogenous, or masturbatory-fantasy forms. He recommends premarital sex activity, consenting adultery and homosexuality. Guilt, he says, has reduced sexuality to its most meager, impoverished, and unrewarding forms, and the guilt he traces to various "myths" such as "true love" and "love and marriage go together" and "one can truly love only one person at a time" and "sex desire is only for the loved ones, never for others." Of the 53 books in his bibliography, Ellis lists 26 (more than half of the items are assorted articles) by Ellis himself! The dust jacket lists many posts and memberships in the field of clinical psychology, mostly in the past tense. Even on the title page there is "Ph.D." after his name. As a radical departure (but perhaps somewhat reflective of contemporary ethics) from Christian principles this out-departs even Robert Frank's *Personal Counsel* back in 1946. Ellis' book has allegedly sold well, especially in bookshops near undergraduate colleges.

JOSEPH FLETCHER

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Pregnancy, Birth and Abortion: P. H. Gebhard, W. B. Pomeroy, C. E. Martin, and C. V. Christenson; Harper, New York, 1958. 282 pp. $6.00.

Following the procedures of clinical interviewing with which their mentor, Alfred C. Kinsey, started the work of the Institute for Sex Research, these staff investigators have studied the experience of 7074 women for this book's purposes. It is the third in their famous series. Their findings are broken down statistically according to marital status education, race, religious devoutness, socio-economic status, age. Some of their most significant findings are herewith summarized.

One out of ten women have premarital pregnancies, of which 89 per cent are ended by induced abortions. More women having had premarital sex relations marry than among those not having had them. The more devout religiously they are, the fewer the premarital pregnancies. Of married women, 80 per cent become pregnant from one to three times, one-fourth of the pregnancies being ended by spontaneous abortions and nearly another fourth by induced abortions. The younger women are, the more frequent the abortions. There is a higher proportion of abortions among those whose marriages fail. The religiously devout married women have more pregnancies but fewer induced abortions.

The investigators have found no evidence for the belief that induced abortion leads to sterility or damaged sexual capacity. There are in America very few arrests or convictions for illegal abortion; one physician was found who had aborted 30,000 patients without a single death. The cost median for single women is $84, for married $77, for separated, widowed, or divorced $98. Most of them are performed by operation, not by drugs or other abortifacients, although there is a very long list of devices used. The rate of therapeutic abortion is declining rapidly as medicine finds ways of avoiding it while preserving or protecting health. In 8-10 per cent of cases abortion is self-induced, in 84-87 per cent it is done by "professionals" including physicians, and in 5-6 per cent by others such as husbands, friends, and lovers. Very few of the women interviewed reported any traumatic or deleterious effects. The picture is one which startlingly emphasizes the fact that there is a wide divergence between our Overt Culture and our Covert Culture.

JOSEPH FLETCHER

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Premarital Pastoral Care and Counseling: Wayne E. Oates; Broadman Press, Nashville, Tennessee, 1958. 71 pp. $1.00.

This handbook may be described as a compendium on the subject of premarital pastoral care and counseling. The material is so arranged that it provides a concise reflection of many aspects of the parish ministry which undergird premarital counseling. This work has a strong Biblical focus in dealing with the subject of marriage and for this reason deserves more than a cursory consideration.

One should not conclude that this work is of value only for clergymen of the Baptist faith simply because the orientation is definitely in that direction. Some of the material will be more applicable to those clergy of non-liturgical churches, but there is much which should commend it to all pastors.

The author includes in his text some very good suggestions of additional reference material for further study of the subject under consideration. The basic value of this work, however, is the practical guidance it offers the pastor who has had little or no training in the area of premarital education and counseling.

DON M. MICHAEL

Triumph over Tragedy: Iona Henry with Frank S. Mead; Revell, Westwood, New Jersey, 1957. 125 pp. $2.00.

This is one woman's account of her reaction to a devastating and widespread tragedy in her life. Her 14-year-old daughter dies of a brain tumor and to assuage her grief, she, her husband, and their 10-year-old son set out to visit his parents in Wichita, Kansas. The last day of the trip, the car is struck by a freight train. Her husband and son are instantly killed. Her own survival and later recovery in St. Elizabeth's Hospital in Granite City, Illinois, is something of a miracle. This is the story of her struggle with pain and suffering, with fear and grief, as she struggles to find herself again in a world without her family and having to make a new life for herself. It is also the story of her attempt to find a satisfactory "answer" to the problem of suffering and tragedy. Her greatest help seems to come from "Dad" Henry, her minister father-in-law, with whom she stays after she leaves the hospital. Of her helpful experience with him, she states very simply a profound truth which every clergyman needs reverently to acknowledge. "It taught me a lesson. The best counselors in religion and pain, I think, are the listeners; it is their listening, their willingness to sit in sympathy and not their solutions that kindles the warm glow around the heart."

In the last chapter, the authors discussed the interpretations of human suffering as they had been offered to her as an answer to her tragedy. The inadequacy of these interpretations—strongly supported as they are by either tradition or popularity—is pointed out, and each is laid aside until finally the authors' own philosophy wrought out of her suffering is clearly and simply stated. This reviewer finds the latter to be a very helpful, but not a final, statement for anyone who is concerned about human suffering.

There are several criticisms that need to be made. First of all, the authors appear overly "nice" about everyone; nurses, doctors, ministers, friends and relatives are all kind and sympathetic, helpful and encouraging. Presumably there were some who were not helpful, whose attitudes were offensive and unacceptable and whose help was at times thoughtless and inappropriate.

Another criticism is that it is not possible to gain a picture of the kind of persons her husband and children were. Little is mentioned about them and she shares very few of the memories of her relationship to them as she works through her grief. Yet these relationships must, of necessity, be a large part of the basis from which the grief processes are worked through.

The language, at times, is poetic rather than clinical, and in this respect detracts from a clearer understanding of what the authors are actually saying, e.g., in the above quotation "the warm glow around the heart." However, it is written as a descriptive story and not a case history.

This is a good book for clergy to have available, after having read it themselves, for people who are not content to remain in their self-pity after facing tragedy.

ARTHUR G. ELCOMBE

Ego Psychology and Dynamic Casework: Edited by Howard J. Parad; Family Service Association of America, New York, 1958. 28 pp. $4.50.

These scholarly papers from the Smith College School of Social Work represent one of the most lucid and provocative productions from the social work profession in a long time. Divided into three broad sections—Ego Psychology and Casework Theory, Selected Applications in Casework Practice, and Toward New Knowledge for Practice—the papers feature names well-known to clinically oriented pastoral counselors (Gordon Hamilton, Annette Garrett, Florence Hollis, George Gardner, Jerome Weinberger, and Sylvia Perry, to list but a few).

Each section of the collection has value for pastors and chaplains. In the section on theory, Miss Garrett, in discussing the contributions of ego psychology to modern casework, not only gives a clear exposition of the role and function of the caseworker, but also presents helpful analyses of such concepts as defense mechanisms, transference, resistance, dependence and independence. Miss Hollis discusses personality diagnosis as a framework for successful casework and her points about making such an evaluation can usefully be borrowed by the counseling minister.

The middle section, dealing with case material, clearly shows the attitudes and methods whereby the caseworker (and by implication any conscientious helping person) seeks to support and strengthen the ego of the troubled and border-line person and thus helps him to forego the heavy costs of extended intensive psychotherapy.

Social work, like the pastoral counseling aspect of the ministry, has a hard time in relating research method and attitude to its ever-changing dynamic material. The third section deals with areas of exploration and provides leads as to how such meaningful research might be conducted. Again, with very little translation, the ideas presented are of value for the clinical pastoral field. Particularly relevant is Yonata Feldman's paper, "Learning through Recorded Material," in which she shows how social work supervisors assist student practitioners to growth and insight through evaluation of the student's records of her contacts with the client. All clinical pastoral supervisors and field work directors in seminaries could read this with great profit. In summary: it is a highly valuable and provocative book.

WILLIAM B. SPOFFORD, JR.

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The Wisdom of Insecurity: Allan W. Watts; Pantheon, New York, 1951. 152 pp. $3.00.

Bearing the subtitle, *A Message for an Age of Anxiety,* the author sets forth the premise that we have to accept anxiety and pain as the price of increased consciousness. We cannot become sensitive to joy and pleasure without becoming equally sensitive to pain and sorrow. The rest of the book is a development of these themes. In contrast to Bertocci's *Religion as Creative Insecurity,* Mr. Watts' presentation lacks appeal because of an unattractive, cumbersome style. This reviewer, however, did respond to Chapter 5, "Being Aware," considering it to be very pertinent

to a constructive view of anxiety. The parish minister will find the book provocative but not compelling. There is no index.

WILLIS P. BROWNING

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Faith in Conflict: Carlyle Marney; Abingdon, Nashville, 1957. 158 pp. $2.50.

Employing a somewhat unusual literary form, Dr. Marney seeks to give a positive Christian answer to the problems presented by materialistic science, by crude and cunning forms of evil, by this-worldly culture, and by death itself. He emphasizes the encounter of persons and the indestructibility of personal values, and he has a striking section on the drama of redemption. Moreover, he draws upon a wide range of literature. Yet taken as a whole, the book seems to fail. It does not really come to grips with the antagonists, and there is too much of what might be called shadow-boxing. Something more clear-cut and direct would have been more effective.

F. W. DILLISTONE

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To Know God Better: Winfred Rhoades; Harper, New York, 1958. 210 pp. $2.95.

The author is one of the early pioneers in pastoral counseling, having established the Thought-Control Clinic at the Boston Dispensary nearly a quarter of a century ago. In this little volume he offers 200 daily devotional exercises including meditations, biblical references, and prayers. These selections are rooted in the wisdom and the humility which only the years can bring. We are deeply indebted to Dr. Rhoades for this enriching contribution to the devotional literature of our day.

ROLLIN J. FAIRBANKS

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Immortality: The Scientific Evidence: Alson J. Smith; Prentice-Hall, New York, 1954. 248 pp. $3.00.

The author of this book seeks to prove from scientific evidence that man has an immortal soul. By means of copious examples from the realm of supernatural mediumistic phenomena, and by a summary explanation of the research in parapsychology, he attempts to prove that which the Church has always believed—viz., that man survives death in a recognizable form.

The presentation opens with the more bizarre examples of the appearances of ghosts and apparitions, followed by more plausible, relevant material. In the heart of the book is an excellent summary explanation of Einstein's theory of relativity which is used as an example to prove Dunne's theory that "the time barrier is really non-existent and is a creature of consciousness." One chapter even offers the reader a series of tests to prove whether he is psychically sensitive! The author tries to show that religion is interested in the scientific method and vice versa, and in the latter

chapters attempts to formulate a theological rationale, keeping one eye on classical doctrine and the other on the "new" science.

ALAN P. L. PREST, JR.

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New Light on Dreams: Max Serog; House of Edinboro Publishers, Boston, 1953. 159 pp. $3.00.

Some dissertations modifying classic Freudian dream theory can be read with profit. Others present additional and valuable illustrative material. This one, in spite of its tight organization and occasional brilliant presentations, unfortunately tends to muddy an already difficult stream.

INA MAY GREER

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Put Your Faith to Work: Karl H. A. Rest; Muhlenberg Press, Philadelphia, 1956. 186 pp. $2.75.

The author of this interesting book has succeeded remarkably in showing the relationship between the main articles of the Christian Faith and the responsibilities of Church membership. Insights are so clearly and simply presented that they should appeal to Church members in all situations of life. The illustrations from practical, every-day life and history add to the beauty of this presentation. The list of opportunities for service (given at the end of the book) will be very valuable to those whose hearts may be stirred to put their faith to work.

If adapted and translated, this volume should serve to challenge Christians of countries other than those for which the book is primarily intended.

V. T. KURIEN

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When You Lose a Loved One: Ernest Osborne; Public Affairs Committee, 22 East 38th Street, New York 16, 1958. 28 pp. $ .25.

Every Church should have this pamphlet available in the vestibule or wherever tracts are placed. It is one of the most realistic and constructive presentations on the subject of bereavement that this reviewer has ever seen. Every counselor, whether religious, legal, medical, or educational, will be professionally strengthened by reading this pamphlet.

ROLLIN J. FAIRBANKS

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Explorations in Social Psychiatry: Edited by A. H. Leighton, J. A. Clausen, and R. N. Wilson; Basic Books, New York, 1957. 452 pp. $6.75.

The object of this stimulating and provocative book is "to state and, when possible, clarify major issues in the field of social psychiatry." Anyone seeking to find definitive answers to the many and complex questions in this intricate area will be disappointed. However, the serious student, grounded in the premise that mental illness is not a static entity, and

aware of the demanding and confusing concerns related to "the mental health problem," will find much light from the searching questions and issues raised.

Of particular interest for the concerned pastor are the attempts to define the concepts of "health," "normality," "personality," "sentiment," etc., and the experience and literature reviewed in the areas of "Neurotic Patterns in the Family," "Socially Shared Psychopathology," and "Bereavement and Mental Health."

ERNEST E. BRUDER

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The Christian and the World of Unbelief: Libuse Lukas Miller; Abingdon, Nashville, 1957. 240 pp. $4.75.

This is an unusual and remarkable book. The author, a graduate in physics and originally of agnostic inclination, pursued her studies first into the realm of philosophy, then of theology, and now has written one of the best books of Christian apologetics that it has been this reviewer's fortune to encounter.

Mrs. Miller expresses her concern in this way. She says that the Christian believer must live his life in the two worlds of faith and unbelief. He must feed on the word of God, he must breathe in the Spirit of God, but he must do this in the very midst of a world which in its philosophy, its social science, its ethics and culture is seeking to live independently of God. His task is to understand the world of unbelief, to see the inadequacy of its interpretations of the phenomena which are open to all and to bear witness to that interpretation which is grounded in Christ and livingly expressed in the power of the Holy Spirit.

The author's critiques of modern philosophy, social ethics, and interpretations of history are carried out with sympathy and yet with rigorous analytical insight. Again and again she exposes the negativities and failures in integration in the world of unbelief. The way of the man of faith may not be easy but it leads to integration and true relationship even in this world, with the confident hope of fruition and fulfilment in the world to come.

F. W. DILLISTONE

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Residence Laws: Road Blocks to Human Welfare—A Symposium: National Travelers Aid Association, New York, 1956. 31 pp. 50 cents.

The seven papers contained in this booklet help us to contrast the reality of our present-day mobility with the archaic residence laws which affect clients and frustrate our social service workers in meeting human needs among our citizens. The thinking spelled out in Queen Elizabeth I's Poor Laws is still the basis for many city, county, and state residence requirements today. Referring to such laws, Laurin Hyde, General Director of the National Travelers Aid Association, points out, "Unfortunately, their (the Laws') effect is not on paper but on people." The booklet informs, appeals, and challenges us "to find some way to wipe out these

pockets of second-class citizenship." It is recommended to all who would understand modern implications of the Good Samaritan, especially to those clergymen who serve as board members of social agencies of any kind.

HENRY H. WIESBAUER

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Why You Do What You Do: Edited by Robert N. Linscott and Jess Stein; Random House, New York, 1956. 305 pp. $3.95.

This volume brings together a wide assortment of writings in the general area of "self-understanding." Range of authorship finds such personages as Sigmund Freud, Franz Alexander, Karl Menninger, Abraham Franzblau, Helen Flanders Dunbar, and many others. If there is any homogeneity authorwise, it is that most of the contributors are psychiatric and psychoanalytic in orientation. Subject matter is wide in range though clustered about such general areas as dreams, neuroses, male-female, parent-child, mind-body, and maturity criteria.

These brief articles may be found in other sources; however, some of the articles would be difficult to obtain. In this sense the book would prove quite useful, especially for those who find themselves some distance from extensive library facilities.

Though this reviewer found this symposium both interesting and useful, the absence of an index was frustrating. For the reader who does not feel strongly about such an omission, this is a volume which can be read with real profit. The clergyman in search of psychiatric wisdom will find important segments here, although he will find it somewhat technical for parishioner consumption.

ORLO STRUNK, JR.

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Psychology Applied: George W. Crane; Hopkins Syndicate, Inc., Chicago, 1956. 800 pp. $6.50.

Here it is again, another edition of Dr. Crane's enthusiastic espousal of psychology as applied to all of life! Dr. Crane, well-known for his syndicated columns "Test Your Horse Sense" and "The Worry Clinic," is himself a controversial figure in the professional psychological world; this book partially explains why this is so. It is a large volume covering an exceptionally wide range of material, from motivation to sexuality and from mental hygiene to church-going. The style is curt and zestful, sprinkled with charts, cartoons, and caricatures.

It would be so easy for the "sensitive professional" to dismiss this book with aloof indignation, but this would be an unfortunate evaluation. Actually many of the principles described by Dr. Crane do indeed *work* and many are soundly based on experimental psychology. To be sure many are not, and too often the distinction is not explicit. The uninitiated, however, will enjoy reading this admittedly sparkling book but the risk is that he may assign a greater wisdom to psychology than it at present deserves or even claims.

ORLO STRUNK, JR.

Meditations for the New Mother: Helen Good Brenneman, Herald Press, Scottdale, Pennsylvania, 1953. 78 pp. $1.25.

This is the fourth printing of a much-needed book. There is little devotional literature for the young mother of today and, of the available material, only a small portion of it deals adequately with the religious and spiritual side of motherhood. Every clergyman should have on hand several copies of this book to give or to loan to new mothers-to-be. Perhaps to be most meaningful the book should be reviewed briefly by the pastor with the young parents. The father might well plan to read some of the daily selections for the mother of his child. Also, on the day the pastor calls he could plan to read the scripture quotation, the commentary and offer the prayer that is designated for that day. The page designed for the first day is exceptionally good and is essentially a ritual for the purification of the woman who has just shared with God an act of creation.

JAMES H. BURNS

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The Moment before God: Martin J. Heinecken; Muhlenberg Press, Philadelphia, 1956. 386 pp. $5.95.

Professor Heinecken has written an intensely personal, yet rewarding study of Kierkegaard as a Christian thinker. It cannot quite be called a commentary because of its selectivity, but it does provide essays on the major terms of existentialist thinking: paradox, the qualitative difference, freedom, anxiety, and guilt. Professor Swenson's short essays are still the best introduction in English to Kierkegaard, but the beginner may be helped by Heinecken's illuminating discussion of terminology in the light of recent philosophical and theological developments. At all events the intermediate or advanced student of Kierkegaard will find himself at many points wanting to debate the carefully ordered structure which the author extracts from (or binds on?) the lonely Dane.

The style of the book is lively, at times almost colloquial. The reviewer's chief problem with an otherwise stimulating and exciting book is with the author's sweeping statements. This one (from page 379) is fairly typical: "Kierkegaard and Luther stand exactly at the same point and do not differ basically in their understanding of the gospel and the church."

WILLIAM J. WOLF

•

Life-Situation Preaching: Charles F. Kemp; Bethany Press, St. Louis, Mo., 1956. 213 pp. $3.00.

Twelve sermons are brought together to illustrate and emphasize the power of preaching which is neither expository or hortatory so much as it is problem inspired and centered. A short statement before each sermon tells something of the preacher and his ministry. Aside from Horace Bushnell and Phillips Brooks, all are preachers of the present century.

Occasionally the reader senses a preference for exhortation rather

than Gospel relevance and proclamation, but on the whole the sermons are encouragement and training in preaching which reveals God and makes evident his work among men.

ROBERT F. MCGREGOR

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For Husbands and Wives: Paul H. Landis; Appleton-Century Crofts, New York, 1956. 260 pp. $3.95.

Because of the great number of books on marriage and family life, any addition to our crowded shelves must be better than average to justify serious consideration. In this reviewer's judgment Paul Landis' book does not merit special consideration. His premises are sound but not new. His treatment covers the field but does not penetrate very far. While many married couples might benefit from this book, it leaves a great deal to be desired.

LEICESTER R. POTTER, JR.

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The Mysteries (Vol. 2): Bollingen Foundation, New York, 1955. 476 pp. $5.00.

This is the second volume of a series of lectures drawn from papers delivered at the Eranos meetings in Switzerland. This volume contains presentations by many distinguished scholars like Julius Baum, C. G. Jung, C. Kerenyi, and others. The essays deal with a wide variety of "mysteries" in the Eastern and Christian religions. They are scholarly works of great interest to theologians, historians, and mythologists. Some of the titles will indicate the scope of the book. They are: "Symbolic Representations of the Eucharist," "The Mystery of the Ka'ba," "The Christian Mystery and the Pagan Mysteries," "Transformation Symbolism in the Mass." Like other publications of the Pantheon Press, this volume is beautifully bound and printed. The plates are excellent and the whole format most attractive.

LEON SALZMAN, M.D.

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The Visionary Novels of George McDonald: Edited by Anne Fremantle; Noonday Press, New York, 1955. 434 pp. $5.00.

The editor of this volume has collected the mythic or imaginative writings of George McDonald, an ordained minister in the Congregational Church. He wrote quite extensively in the style of Kafka, Poe, or the science fiction school. The writings are highly symbolic and dream-like but, unlike Kafka, seem to need exceptional powers in the art of symbol interpretation in order to make them comprehensible. Some of the stories are quite interesting, while others are in the nature of assigned reading for a course in dream interpretation. Jungians will enjoy the book very much; others may be less enthusiastic.

LEON SALZMAN, M.D.

The Story of the American Negro: Ina Corine Brown; Friendship Press, New York, 1957. 212 pp. $2.75.

The author has revised an earlier edition in order to bring it up to date. Such important milestones as the Supreme Court decision and subsequent events, the integration in the armed services, progress in civil rights, and housing—all these have been incorporated in this present edition, thereby providing an excellent history of an important segment of our total population. While all those concerned with people will do well to read this excellent book, it should prove of particular value for those serving in bi-racial parishes. Dr. Brown, a Southerner, has an exceptional educational background and professional history. She is at present Professor of Social Anthropology at Scarritt College, Nashville, Tennessee.

ROLLIN J. FAIRBANKS

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The Oxford Dictionary of the Christian Church: Edited by F. L. Cross; Oxford University Press, New York, 1957. 1492 pp. $17.50.

No professional man's library is complete without some comprehensive, reliable, and up-to-date resource books. They may not be used frequently but they are certainly needed as really important and crucial questions arise.

This truly monumental and scholarly work constitutes just such a reference resource. Whether the subject be Tertullian or Tillich, there is a concise, brief yet informative article. The format is in keeping with the high standards of the publisher, and this volume can take its rightful place among the other already accepted and acclaimed Oxford dictionaries.

ROLLIN J. FAIRBANKS

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Live Longer and Enjoy It: Peter J. Steincrohn; Prentice-Hall, Englewood Cliffs, N. J., 1956. 256 pp. $4.95.

Is this another one of those "do-it-yourself" panacean volumes so popular in these days of satellite tensions? Upon looking at the title one is apt to get this impression. But between the covers there is solid material, summarized and based on thirty years of experience in the practice of medicine. The reader will find a chapter on all those medical areas which are of concern to most persons—especially those who have reached the "life begins" period. Dr. Steincrohn has a humorous style, even when he's talking about some pretty serious matters. Beginning his chapter on "You Can't Be Fat and Fit," he writes, "A man with a tight collar will always blame the laundry—never the bakery"! Such is the sagacious humor of this worthwhile book.

ORLO STRUNK, JR.

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CURRENT PERIODICAL LITERATURE

Edited by The Rev. Joseph Fletcher

"Panic State," in *The Psychiatric Bulletin,* Spring, 1959, 9:2, 34-35.

A panic state, as distinguished from lesser forms of anxiety, entails sudden onset, discomfort, extreme fright, personality disorganization. It is not an organic disorder such as cardiac disease, hyperthyroidism and the like, nor is it psychotic. A common sensation is of impending universal disaster, or death. With it come constrictions in throat and chest, increased heart action, and such physical features as profuse perspiration. An attack may last from a few minutes to several hours, and afterwards from 24 to 48 hours are needed to regain normal equanimity. The immediate problem is quick relief, often by drug therapy. Patients should be observed carefully for signs of depression, and reference to psychiatric care is recommended. The psychodynamic concept of panic is said to be ego-control failure in cases of repressed anxieties—"the slight anxiety added by the judgment of danger acts like a lighted match in a powder keg." The physiologic changes are part of the primitive "fight or flight" response to danger, and the inability to express them upon a visible object aggravates the anxiety. Sometimes the patient is aware of reasons for anxiety, sometimes not. Repressed homosexual impulses, hostile feelings, or disowned heterosexual impulses are common causes. Panic may be the initial symptom of schizophrenia. Patients frequently deny psychogenic explanations—a secondary defense of repressed fears, often buttressed by offering a mildly bothersome problem as the cause. Insistence on some organic disorder as the explanation is typical in all emotional illnesses, but especially so in panic sufferers. Prognosis for recovery from an episode is favorable, but repeated attacks or the fear of them are injurious to physical health as well as emotional well-being. Endocrine studies have shown there is a limit to tolerance for such stress. Treatment is prompt relief of acute distress and subsequent referral for psychiatric care or treatment.

J. F.

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"A Clinical Evaluation of the Method of Direct Analysis in the Treatment of Psychosis," by Kathern M. McKinnon, in *Journal of Clinical Psychology,* Jan. 1959, 15:1, 80-96.

John Rosen's *direct analysis* treatment of psychosis is compared to the psychoanalytic treatment of neurosis. Rosen's success in effecting a quick recovery is related to his deliberate method of establishing intense emotional involvement with his patients. He has amazed professional people by the speed with which he can establish both emotional and verbal interaction with patients listed as out of contact, mute, or incoherent. With communication established, the isolating barrier starts to give way. The question most frequently asked, however, is whether what he does is a method that can be learned or is a unique and magnetic quality in Rosen's

own personality. The prominence of his personality makes it difficult to assess or conceptualize his method. In any case, he seems to lack any hostility (to induce side effects such as aloofness, intellectualization, etc.) and he identifies deliberately and easily with the patient, making him not only extremely sensitive to the emotional needs of the patient but putting *his* emotions to work in contact with even the most "encapsulated" patients.

Some oppose the treatment of psychosis by direct analysis because they recoil from its Freudian basis in the unconscious and libido theory. Some psychiatrists and persons in allied professions accept both the method and its analytic basis but doubt its permanency as a cure. Therefore Rosen has maintained contact with his patients ever since his first direct analysis treatment in 1943, of a patient in acute catatonic excitement who had been declared incurable; he brought him out of the psychosis. The Rockefeller Brothers' Fund has granted money to the School of Psychiatry at Temple University in Philadelphia to investigate whether the Rosen method can be learned and generally practiced.

Rosen believes that psychosis is psychologically determined, usually at the early oral stage of development, and that everybody has the capacity to be normal, neurotic, or psychotic. He holds that *judgment* in the patient is the proper yardstick to assess the severity of psychic illness. Important elements of psychosis, he believes, are regression to infantile feelings and loss of ego-function, with anxiety and loneliness. Thus he sees the psychotic as one who is suffering the conflict of primitive unconscious wishes and an adult superego stripped of ego-controls. "As an intuitive mother knows how to relieve the distress of her child without carefully planning," so Rosen responds to his patients' needs. The two essentials in his method are (1) the requisite analytical knowledge, and (2) the capacity and stamina for a strong emotional involvement with the patient. The latter is especially important. Rosen acts like a parent intensely involved with the life of his child. This is all parallel to Freud's two principles: *transference* and working with the *resistances*.

Since a large institution is not a setting for warm personal relations, Rosen has an attractive comfortable house (home) rented for each patient, all of them within ten miles of his own, and from one to four therapists living with the patient. The treatments are in these "psychological homes" and the social milieu is widened as the patient responds, in other homes, on Rosen's farm, in sports and games. Unlike Freud, Rosen believes that transference can be used in treating psychotics as well as neurotics; in psychosis the problem is the lack of assistance from the patient's ego, so that the therapist must be imaginative and sensitive enough to correspond with the patient's hallucinatory thinking. Among basic principles in this therapy are interpretation of transference needs at the oral stage of development, and reproduction of the role of a loving parent in response to the emotional needs expressed by the patient. Rosen often says flatly, "I love you." He even makes false promises, such as financing a patient's studies or marrying her, on the ground that they help to rescue the patient from hallucinatory and delusional regressions.

Thus the method of transference in direct analysis is opposed to that of psychoanalysis. But in treating neurotic patients the patients' own ego-

function is sufficient to live in relationship with others even if superficial and unsatisfactory. Not so, according to Rosen, with a psychotic person who has to be treated as a child. Infantile emotional satisfaction must be offered to induce him back from the dream life. Admittedly, patients after discharge often continue to be dependent upon Rosen, calling for advice on such things as surgery and similar decisions, but this is defended as better than the psychosis: that a crutch is better than helplessness. As to the patients' resistances, Rosen uses often crude but effective devices, including false claims and *exposes*. For example, he broke down a defense by lofty claims of possessing "five thousand dollars" by saying he had twenty million; and when a patient claimed to be God Rosen made him try to walk on air until he had fallen down painfully many times! When resistances are broken down by undermining phantasies of omnipotence and the like, transference needs are resumed. This direct therapy effects cures faster than other methods, except when the patient has had shock treatment or suffered neglect or cruelty in inferior hospitals. The only ones he cannot help are those who have undergone brain surgery.

J. F.

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"Research Notes," in *Family Life,* edited by Paul Popenoe, Oct. 1958—April 1959.

The number of married couples in the U.S. has increased 40 per cent since 1940 . . . Treatment of wives for infertility is more successful than of husbands . . . In 1900 a couple could expect an average of 30 years of married life, by 1956 the figure had climbed to 43 . . . Upwards of 6 per cent of the births in America are illegitimate, and nine-tenths of them are recorded as "non-white" . . . The Ohio Court of Appeals recently decided that an ante-nuptial agreement to rear children in the Catholic faith cannot be enforced legally . . . Radio Peking predicts a China population of 800 millions in 10 to 15 years, has dismissed the Rector of the University of Peking for holding the "bourgeois" theory that population should be limited . . . The United Presbyterian Church, U.S.A., found by a questionnaire that the clergy preferred most of all to do marriage counseling, that preaching ran second . . . Cancer is now the cause for one out of every four deaths of children ages 5 to 14—an increase in 10 years of 50 per cent in the cancer death rate among children, due to bringing the old infectious diseases under control . . . Every year, at the present rate, the world's population is increased by an amount equivalent to France's, every two years by Japan's.

J. F.

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"A Sunday with Mescaline," by Philip B. Smith, M.D., in *Bulletin of the Menninger Clinic,* 23:1, January, 1959, 20-27.

Subjective, phenomenological accounts of mescaline intoxication are scarce in the literature. This episode was undertaken at Topeka to add to accounts such as Huxley's. Two hundred milligrams were taken of this "peyote" hallucinogenic drug, given by two professional associates about noon, on an empty stomach. In an hour or so the effects were

considerable but not startling. The subject experienced himself with intensity but no strangeness. A flower image appeared with closed eyes, went away when they were opened, returned when they closed again. There was great difficulty in concentration about prearranged instructions. In reading, he thought of trying to go backwards though he knew it would not work. He lacked even the volition to micturate. All he thought and felt was unusually intense but he could not communicate. Under mescaline influence he found that in addition to being either for or against a thing, he could also *not decide*. It was not indecision but non-decision. He non-decided to write and the suspension was pleasurable. Finally action of any kind was distasteful and even nauseous, and weariness set in which had to be corrected with a Dexamyl tablet, not as an antidote to mescaline but as a stimulant. The two associates who accompanied Smith drew an unusually interpersonal feeling from him. Taken home, his wife could see nothing strange about him except the exaggerated pleasure he found in everything. As he went to sleep he had plotless fantasies, pointless, and he is not yet sure whether he actually slept that night or not. The indecision persisted all the next day and even into Tuesday. For six months afterwards he was loathe to repeat it; but now he thinks he could enjoy it again. "I have known myself in a way I doubt would have ever occurred except as it did."

J. F.

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"Group Psychotherapy," in *The Psychiatric Bulletin,* Fall, 1958, 8:4, 65-66.

The objectives are the same as in individual therapy but the group patient should have sufficient ego-strength to sustain him during the interactive experience. The group's *raison d'etre* is that patients are likely to respond better with group stimulation. Its advantages are diminished isolation, mutual support and encouragement, better reality-testing for individual concepts, arousal of interests. Members gain insight into defense mechanisms as they see the others use them, understand themselves better. Also, the transference in group therapy is more superficial and therefore easier to terminate. Methods run from Pratt's 1905 lecture to several hundred patients, to a gathering of a dozen therapists with one patient. In psychodrama patients re-enact personal problematic situations, a method associated with Moreno. There is the directive approach as used by Low who dictates the topics to be discussed and terminology to be used, and the non-directive approach as used by McCann who leaves the room when the discussion begins and only returns when it is over. Most group therapists are non-directive but remain as a part of the group. A very common procedure is a weekly meeting of four to eight members with a therapist for hourly sessions. Hadden reports success with two patients in a group of homosexuals. Two therapists and an attendant report improvement in all members of a group of adolescent delinquents—all aggressive, hospitalized boys 14-20. Blau and Zilbach have shown that group therapy is helpful with patients discharged from hospital, in making the transition to home and family and work life. Group therapy is extensively employed in America.

J. F.

NOTES AND COMMENTS

The American Institute of Family Relations offers its Twelfth Annual Summer Workshop on the techniques of counseling in Los Angeles August 3 through 15, 1959, under the direction of Paul Popenoe, Sc.D.

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The Religious Counseling Center, Rockford, Michigan, will conduct a summer workshop August 22 to 29, under the direction of the Rev. H. Walter Yoder. It is planned for experienced counselors and will have as its central theme "The Challenge of Living in the Extended Family." For information write the Center at 8930 Northland Drive, Rockford, Michigan.

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Marriage Council of Philadelphia, Inc., affiliated with the University of Pennsylvania, Division of Family Study, Department of Psychiatry, School of Medicine, offers its services to all married people and to those contemplating marriage, regardless of their race, creed, or national origin. The Council offers counseling services, both individual and group, leaders for discussion groups, selected library service, a training program, and carry on research.

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Grants to further the training of five Protestant ministers and three Roman Catholic priests who will pursue careers as chaplains in mental hospitals or train others in mental-health chaplaincy have been awarded by the Academy of Religion and Mental Health, New York. The awards were made under the chaplaincy fellowship program of the Smith, Kline & French Foundation, Philadelphia.

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The Lyon Mental Hygiene Clinic announces the expansion of its services to Garden Grove, California. Among the services offered by the Clinic are pastoral counseling to agencies and groups.

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The American Foundation of Religion and Psychiatry held its Eighth Annual Summer Seminar on Pastoral Care in New York City June 1-5.